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Warwickshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952.

August, 1953.

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Office of the County Medical Officer of Health,
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Warwick.

To the Warwickshire County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to report on the Health of the County for the year 1952.

At the request of the Ministry of Health, a survey of the County's Health Services, with especial reference to the operation of the National Health Service Act, during the last five years, has been made. The findings of this survey are incorporated throughout this report, and the statistical tables, where possible, cover this five year period.

The last five years have seen a continual development of good practical working relations with the Regional Hospital Board and the Local Executive Committees representing the general practitioners. Many official meetings, together with innumerable professional personal contacts are gradually bringing everyone together.

As will be seen in the pages of the report, many doctors are employed jointly with the Regional Hospital Board and several general practitioners are employed in the Council's services. The voluntary organisations, such as the W.V.S. and B.R.C.S. are playing an important part in the County Health Service. The voluntary Child Welfare Committees and the voluntary workers in welfare centres are playing a valuable part in the operation of these clinics.

One of the chief objects of this Annual Report is to assess the health of the people in the County to point out where it is improving and where still further efforts are needed. This has been achieved largely by the use of mortality statistics of the various diseases and analysed, where possible, into age groups and areas.

The pattern of ever-decreasing death rates is now familiar and, with certain exceptions, shows very satisfactory progress, but it is equally well known that the amount of sickness suffered by the community is still high. The time has therefore come for a considerable extension in our thinking about the health of the County. The need is to think not only in terms of measurements of mortality, but also of measurements of morbidity. The mortality statistics reveal many facts about the important causes of death and show how deaths have been greatly reduced. Comprehensive morbidity statistics would reveal many facts about the important causes and extent of sickness and incapacity, and would relate this to age, sex and occupation. Some of this information has been available for infectious diseases for many years.

Unfortunately it is very much more difficult to measure morbidity than mortality for general diseases, but a start has been made in many directions. One new source of information which has become available recently arises from the new procedure for obtaining sickness benefit under the National Insurance Scheme. Since the beginning of 1950, the Midland Region of the Ministry of National Insurance have supplied each week the number of new claims to sickness benefit received during the week by each National Insurance Office in the Region. These figures are especially valuable in providing an indicator of the development and spread of epidemics, but they also provide an overall picture of the incidence of sickness during a year, although it should be remembered that they take no account of the duration of each illness because only " new " claims are counted. The detailed figures are given in Table 43, and discussed in paragraph 21 although it will be seen that no classification of diagnosis, age group or occupation has been made.

Much valuable information on morbidity is contained in General Practitioners' records, and it is good to know that the General Register Office are running a pilot inquiry with the co-operation of a number of General Practitioners to discover how far records maintained in general practice can be used to provide measures of morbidity in a community. They have concentrated on developing simple forms of record keeping, but some results of their work in the form of tables showing for different diseases the sex and age distribution of patients and frequency of consultation, and the amount of doctor's work involved are promised shortly.

One other very important means of obtaining measures of morbidity is by special surveys designed to answer certain specific questions. The Assistant Medical Officers and Health Visitors are particularly able to help with these surveys and can make a most valuable contribution to the measurement of the incidence of certain conditions, particularly among young children and school children.

At the present time help is being given with two surveys. One, the National Survey of the Health and Development of Children is a nationwide survey sponsored by the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee, and is designed to give a continuous record of the health of school children. There are seventy-seven Warwickshire children enrolled in the survey and much valuable and unique information has already been obtained. The other survey is organised by Professor Grundy of the Department of Preventive Medicine, Welsh National School of Medicine and is designed to measure mortality and morbidity among infants up to the age of one year. The survey covers nine representative local health authorities in England and Wales, including Warwickshire. All babies born in 1952 in Solihull and the Southern area of the County have been enrolled in the survey and details about their illnesses and ailments recorded by Health Visitors. No results are yet available as the follow-up of the infants is still continuing, but it is hoped that some will be available for next year's Annual Report.

As in previous reports the details of each aspect of the County's health are discussed in separate paragraphs below. References are given at the head of each paragraph to the appropriate statistical tables.

1. **Death Rate.** (Tables 1, 2 and 3).

The overall death rate was 10.35 compared with 11.55 in 1951 and 10.48 in 1950. The total number of deaths was 4,915 compared with 5,509 in 1951. More than half the difference between these totals is accounted for by a fall in the number of deaths from influenza, bronchitis and pneumonia which numbered 374 in 1952 compared with 716 in 1951 when there was an influenza epidemic. The remainder of the difference is accounted for by a fall in the number of deaths from ill-defined conditions and small falls in the deaths from a large number of conditions. There was once again a considerable fall in the number of deaths from tuberculosis both pulmonary and non-pulmonary and this is referred to in detail in a later section of the report.

Causes of death which showed rises in 1952 were, for men, malignant neoplasm of the lung and bronchus which rose to 112 from 93 in 1951, and coronary disease which rose to 414 from 317 ; and, for women, malignant neoplasm of the breast and uterus which rose to 149 from 109 in 1951. Rises in the number of deaths from these diseases are occurring throughout the Country.

2. **Birth Rate.** (Tables 1, 2, 4 and 14. Diagram page 19).

The birth rate fell slightly from 15.8 in 1951 to 15.6 in 1952. The birth rate for England and Wales fell by the same amount, from 15.5 in 1951 to 15.3 in 1952. These changes can be seen in their proper perspective in the diagram on page 19.

All birth rates quoted are adjusted rates, that is to say the crude birth rates obtained by dividing the number of births by the population have been adjusted by a Comparability Factor which takes into account differences between the age, sex and marital structures of the population of the district concerned and the age, sex and marital structures of a " standard population." When the adjusted rates are used, therefore, differences between districts should be true differences in fertility since differences in the numbers of potential child-bearing women have as far as possible been eliminated.

With this in mind it is interesting to note that there are big differences between the adjusted birth rates in the different districts of the County.

Taking the average rates for the past five years, the County average was 16.5, but Sutton Coldfield and Solihull had rates of 14.1 and 14.7 respectively while Nuneaton and Bedworth had rates of 17.6 and 18.2 respectively, and many of the rural districts also had high rates, for example Meriden R.D. with 17.8, Southam R.D. with 18.9 and Stratford-on-Avon R.D. with 17.9. The five year averages for each district and the districts with rates significantly higher or lower than average are shown in Table 14.

3. **Illegitimate Birth Rate.** (Table 4 and diagram page 20).

The sharp fall in the number of illegitimate births which took place in 1951 was not sustained in 1952. The total numbers of illegitimate live births being 361 in 1952, 291 in 1951, and 374 in 1950. The diagram on page 20 shows these changes in proper perspective.

The numbers of illegitimate births coming to the knowledge of the Social Worker in these years were, 272, 270 and 301 respectively. More details of the Social Worker's cases are given in paragraph 27.

4. **Stillbirths.** (Tables 1, 2, 5, 10 and 11.)

The stillbirth rate in 1952 was 18.2, the lowest so far recorded. It thus appears likely that the increase in this rate which took place in 1951 was merely a temporary halt in the downward trend. The stillbirth rate for England and Wales in 1952 was 22.6 compared with 22.9 in 1951.

The reduction in the rate was not uniform throughout the County. There was a slight increase in the normally low rate for Sutton Coldfield, while in the North Eastern and North Western areas, which have the highest rates, there were only small improvements.

This year an analysis has been made of the causes of stillbirth as determined from the reports submitted by midwives to the County Supervisor of Midwives on all stillbirths which take place in the County. It will be seen from Table 11 that the causes were much the same in 1952 as in 1951 when the overall rate was higher. The only difference of any size between the two years is in the percentage of stillbirths attributable to placental and cord conditions, which was lower in 1952 than in 1951.

Taking the two years together, there was no known cause of the stillbirth in about a third of the cases. Congenital malformations and toxaemia of pregnancy (with accidental A.P.H.) both accounted for about 17% of the stillbirths, and a further 15% were accounted for by difficulties in labour. Of the remainder, cord and placental conditions accounted for about 10%, leaving about 5% due to haemolytic disease and about 2% due to known chronic ill-health of the mother. The points of special note are the high proportion of stillbirths for which the cause is not definitely known, these stillbirths probably being due to a degree of lowered health in the mother, and the fact that obstetrical skill can only play a limited part in preventing stillbirths since only a comparatively small proportion of them are due to difficulties in labour. These points have also emerged in studies of stillbirths made in other parts of the country.

5. **Premature Births.** (Tables 6 to 9).

In 1950, 440 premature live births were notified, forming 5.5% of all notified births; in 1951 these figures increased to 483 and 6.1%, and in 1952 they increased again to 497 and 6.4%. In 1950 the percentage survival was 86%. In 1951 it was 83% and in 1952 it was again 83%. There has thus been some worsening of the problem of prematurity.

About 50% of stillbirths and neo-natal deaths are premature. Thus a reduction in the incidence of prematurity would bring about a fairly considerable reduction in the numbers of stillbirths and neo-natal deaths. In some cases there is a joint factor causing both the stillbirth or neo-natal death and the prematurity; for example, toxaemia of pregnancy. In other cases, prematurity is the sole apparent cause of death. Unfortunately very little information is available about the causes of prematurity.

Table 9 shows the numbers of live and still premature births in the five Ministry of Health weight categories, together with the percentage of live births in each category surviving to 28 days. As would be expected the percentage of stillbirths declines steadily and the percentage survival of live births increases steadily with increasing weight.

One encouraging point emerges from the table, namely that in 1952 the percentage survival was higher than in 1951 in each weight group; the fact that the overall percentage survival did not show a corresponding increase was due to there being more babies in the low weight groups in 1952 than in 1951.

The current definition of a premature baby is one which weighs 5½ lbs. or less at birth. This definition therefore includes a number of babies who are born at term, but are small, and in particular it includes a number of babies resulting from twin pregnancies many of which are full term pregnancies. This year, babies arising from twin pregnancies have been kept separate, and it has been found that 106 of the total of 497 premature live births and 12 of the total of 63 premature still births arose from twin pregnancies. The percentage survivals of the " twin " and " single " babies have been calculated separately and are given in Tables 7 and 8. It is interesting to note that the overall percentage survival is the same, but there is some indication that the " twin " babies in the lower weight groups have higher survival rates than the " single " babies.

Of the 497 live premature infants 125 were born at home. Fourteen of these were transferred to hospital but the remainder were nursed entirely at home. Special equipment is available to domiciliary midwives to help them in caring for these infants and special equipment is also available in the ambulances for use when they are transferred to hospital. The percentage survival of infants nursed at home in 1952 was slightly higher than that for infants nursed in hospital but the two sets of figures are not strictly comparable since the most difficult cases are probably cared for in hospital.

6. Retrolental Fibroplasia.

This is a disease of the eye and as the name implies it consists of the presence of abnormal connective tissue behind the lens.

The disease affects both eyes and in its fully developed form the baby has two inactive greyish pupils with a blank stare, the child being almost blind. Some babies are only slightly affected by the disease and in these cases the sight may fortunately be largely recovered.

The disease was comparatively unknown until the war years when sporadic cases became noticed. It was thought at one time that it might be responsible for a third of the blindness affecting children under school age. The essential cause is unknown but statistical studies show that its incidence is inversely proportional to the birth weight. Children whose birth-weight is under 3 lbs. are subject to a chance of one in seven of being affected.

As part of a National investigation we have made enquiries during the year into the incidence of the condition among all premature infants of birth weights 4 lbs. 6 oz. and under, born in the County during 1951. Of 71 premature infants only one was found to be affected. This is an incidence rather less than might have been expected. The affected child, a girl of birth weight 3 lbs. 12 oz., has complete retrolental fibroplasia in both eyes and is now in a Sunshine Home. She was one of twins, the other child, a boy of birth weight 3 lbs. 0 oz., was unaffected.

7. Infant Mortality (Tables 1, 2, 4, 10, 12 and 13).

The infant mortality rate fell from 28.4 per 1,000 live births in 1951 to 27.9 in 1952, the second lowest figure ever recorded, the lowest being 26.9 recorded in 1950. The decrease occurred entirely in the period from one month to one year, the neo-natal death rate being the same in 1952 as in 1951. It is interesting to examine the infant death rate in the past few years split into the two periods as follows :—

	Infant death rate.		
	Neo-natal.	*One month to one year.*	*Total.*
1947	21.5	12.8	34.3
1948	20.4	11.0	31.4
1949	20.0	8.8	28.8
1950	17.4	9.5	26.9
1951	20.2	8.2	28.4
1952	20.1	7.8	27.9

These figures show that, whereas the death rate in the period one month to one year has fallen steadily and considerably in the last few years, the neo-natal death rate has remained almost stationary. Neo-natal deaths, like stillbirths, depend to a large extent on antenatal factors of which our knowledge is at present very limited. Deaths between one month and one year depend to a greater extent on post-natal factors, particularly infections, of which our knowledge is more detailed, and which can sometimes be prevented. It is therefore to be expected that the latter deaths should be decreasing more rapidly than the former.

Neo-natal Deaths.

The causes of neo-natal deaths for 1952, 1951 and 1950 are shown in Table 12. As would be expected with a comparatively stable rate the main causes of death have remained much the same during the three years. The biggest single cause of death in each year was prematurity. This accounted for about 30% of all neo-natal deaths in 1952. In addition to the deaths ascribed solely to prematurity, a further 24% had prematurity as an associated factor. After prematurity come three other main causes of death whose relative importance changes slightly from year to year. They are asphyxia and atelectasis, congenital malformations, and birth injury. In 1952 congenital malformations was the most important, with a rise to 36 deaths from 26 and 24 in 1951 and 1950.

Deaths from one month to one year.

The causes of these deaths for 1952, 1951 and 1950 are shown in Table 13. In 1951 and 1950 the major cause of death was bronchitis and pneumonia, but in 1952 the number of deaths from this cause was very low, and more than compensated for increases in the number of deaths from almost every other cause. This very low number of deaths from bronchitis and pneumonia was probably related to the general decrease in 1952 in the number of deaths from this cause (see Table 3 and paragraph 1).

The most important cause of death in this age group for 1952 was congenital malformations, which accounted for about a third of the deaths, somewhat more than in previous years. Other major causes of death were gastroenteritis and misadventure.

8. **Variations within the County in Stillbirth Rate and Infant Mortality Rate.** (Tables 14, 15 and 16).

Warwickshire contains within its boundaries extremely varied groups of population ranging from widely scattered rural communities to densely populated industrial areas, with a number of good residential centres as well. This means that within the County itself we are able to study the differing vital statistics which characterise each type of population. One generally accepted index of a community's health is the infant mortality rate and an investigation of this rate and of the related stillbirth rate in the different districts of the County has therefore been made.

Since the numbers each year are small averages for the five years 1948-52 inclusive have been used to show the districts of the County with rates significantly higher or lower than the County average. The results are shown in Table 14 from which it appears that there are four significantly different districts, Sutton Coldfield, which has low rates, and Nuneaton, Bedworth and Meriden which have high rates. There may also be true differences between the other districts of the County, but the number of events are too small to show them up reliably.

The next step is to attempt to discover the reasons for the lower or higher loss of infant life in these districts than in the rest of the County. We have not as yet accumulated sufficiently complete information to be able to make an analysis of the causes of stillbirth in the different districts, but we have complete information on the causes of infant death as stated on the death certificate.

Table 15 shows the percentage of neo-natal deaths for 1950, 1951 and 1952 due to each of the five main causes for Sutton Coldfield, Nuneaton, Bedworth and Meriden, and the rest of the County excluding these districts. These figures have been analysed to see whether there are any significant differences in the percentages of deaths from each cause in Sutton Coldfield compared with Nuneaton, Bedworth and Meriden, and in both compared with the rest of the County. No significant differences were found. This means that no one of the causes listed is responsible for giving these districts high or low rates. All types of neo-natal deaths are lower in Sutton Coldfield and all types of neo-natal death are higher in Nuneaton, Bedworth and Meriden than in the rest of the County.

Table 16 shows the percentage of deaths between one month and one year due to the five main causes for the same districts of the County for 1950, 1951 and 1952. Sutton Coldfield was remarkable in having no deaths at all from any of the environmental diseases in these years. The percentages of deaths due to the different causes were very similar in Nuneaton, Bedworth and Meriden as in the rest of the County—there were simply very many more of each kind of death in the three former districts.

It thus appears that there is some main factor underlying the mortality rates in each district and affecting all causes of death to some extent.

This factor is summed up in the term " social conditions." This term includes not only the physical environment but also the habits of the people. We must conclude, as the writers of other similar studies have concluded, that adverse social conditions affect the pre-natal environment probably through the nutritional state of the mother, and give rise to greater numbers of stillbirths and neo-natal deaths than occur where there are favourable social conditions. Similarly, adverse social conditions have an even greater effect on the post-natal environment and give rise to greater numbers of deaths between one month and one year than occur where there are favourable social conditions.

The services now available for the expectant mother and young child, for example dietary supplements, antenatal clinics and child welfare centres, could have led to a reduction in the differential rates, but we find that the people who need these services most use them least.

Our efforts should be concentrated on trying to persuade the people who need the services most to use them, and on teaching the people who will not attend clinics the elements of good nutrition and hygiene in their own homes.

9. **Deaths of children aged 1-5 years.** (Tables 3 and 17).

There were only 38 deaths of children between 1 and 5 years in 1952 compared with 49 in 1951 and 45 in 1950. Details of the causes of death are given in Table 17 from which it will be seen that the main causes in this age group are infections and accidents. Infections accounted for 16 of the 38 deaths, the biggest single cause being pneumonia. Accidents accounted for 12 of the deaths, 11 boys and 1 girl. Only three of the accidents were due to motor vehicles. Six boys died through falling into canals or ponds, two through eating poisonous tablets and one through falling into an open fire outside a caravan.

10. **Maternal Mortality.** (Table 1).

There were three maternal deaths in 1952 compared with four in 1951 and three in 1950. The 1952 death rate of 0.38 per 1,000 total births is once again considerably lower than the rate for England and Wales, which is provisionally given as 0.72.

As in 1951 there were no deaths due to septic abortion.

11. **Uptake of Ministry of Food Vitamin Products.** (Table 44).

Vitamin products are available to expectant mothers and young children under a Ministry of Food scheme, either free as cod liver oil and vitamin A and D tablets, or at a small charge as orange juice (5d. a bottle). The uptake of these products, as calculated by the Midland Region of the Ministry of Food, is shown for the seven County areas in Table 44. There was very little improvement in uptake in 1952, and the variations in uptake in the different parts of the County noted in my last year's report remained unchanged. The uptake in Nuneaton and Atherstone and in Meriden, where the products are particularly needed, was consistently lower than in other parts of the County.

12. **Pulmonary Tuberculosis.** (Tables 1, 32, 33, 34, 35, 37 and 38, and Diagrams pages 23, 24 and 25).

New Notifications.

There were 460 notifications of new cases of pulmonary tuberculosis in 1952, compared with 418 in 1951 and 407 in 1950. They were made up of 62 children under 15, 237 males and 161 females over 15. The comparable figures for 1951 were 64 children under 15, 210 males and 144 females over 15. The increased number of notifications in 1952 was limited to three areas of the County only : the North Eastern Area, with a rise from 129 to 146 new notifications, the Eastern Area, with a rise from 70 to 97 new notifications and the Central Area, with a rise from 55 to 89 new notifications. In the other areas of the County the number of new notifications decreased. The increased number of notifications in the North Eastern and Eastern Areas is partly due to the work of the Mass Miniature Radiography Unit which worked intensively in Nuneaton and Rugby. The results of this work are discussed below.

The rate of new notifications in each age group has been calculated, using the results of the 1% sample tables from the 1951 census to give the populations at risk in each age group. These rates are plotted in the diagram on page 24, which shows that the highest rate of new notifications occurs in the age group 15-24 for both men and women. After this age, the rate falls steadily for women, but for men it falls from 2.2 per 1,000 at 15-24 to 1.0 per 1,000 at 35-44, but after this it remains level and considerably higher than the corresponding rate for women.

This comparatively high incidence of the disease in older men, and not in older women is found throughout this country and in practically every country for which statistics are available. Many attempts have been made to explain it, but none of the explanations yet suggested are very satisfactory.

Stage of Disease at Diagnosis.

For 93% of the newly notified cases we have obtained the classification of the stage of disease at diagnosis. Using this classification the rate of notification of new cases which were infectious when diagnosed has been calculated for each age group. These rates are also plotted in the diagram on page 24, which shows that the percentage of cases which were infectious when diognosed was lowest in the low age groups and became progressively higher with age. The net result is that the highest rate of notification of infectious cases was for males aged 55 to 64.

Table 33 gives a detailed analysis of the stage of disease at diagnosis in each age group, from which it can again be seen that younger persons are generally diagnosed in a considerably earlier stages than older persons. For example out of 58 males notified between the ages of 15 and 24, 25 were in an early stage, 31 in an intermediate stage and 2 in a late stage. The corresponding figures for the 70 men notified over the age of 45 were 8 early, 42 intermediate and 20 late.

The diagram on page 25 shows the stage of disease at diagnosis for the cases notified in each County area. It will be seen that no one area is outstandingly better or worse than any other for early diagnosis.

The overall position in 1952 was little better than in 1951. Of the cases in which the stage was known 40% were early, 47% intermediate and 13% late in 1952, whereas in 1951, 45% were early, 36% intermediate and 19% late. There was a welcome reduction in the percentage diagnosed late but there was unfortunately also a reduction in the percentage diagnosed early.

Mass Radiography.

The Mass Radiography Unit made a very significant contribution to case finding in 1952. The number of miniature X-rays taken was 12,375 and 67 cases of pulmonary tuberculosis were notified. This compares with 9,129 miniature X-rays and only 12 notified cases in 1951.

In addition to the notified cases a number of persons have been placed under observation and some of them may subsequently prove to have active disease.

The majority of the cases were discovered during the visits of the Unit to Nuneaton and Rugby when approximately 10% of the population of each town was X-rayed. During these visits sessions were devoted to special groups of the population and there were also open sessions, at which the general public were invited to attend without prior arrangement. Details of the sex and age-grouping of the persons X-rayed and of the resulting notified cases are given in Table 35. The yield of notifiable cases was highest for females under 35 and for males over 45.

Of the 67 notified cases found by Mass Radiography 32 (48%) were early, 33 (49%) intermediate and 2 (3%) were late. Twelve (18%) of the cases were infectious when diagnosed.

Deaths.

There were 69 deaths from respiratory tuberculosis during the year, 46 males and 23 females. The corresponding figures for the past few years are as follows :—

	Males.			*Females.*		
	Under 45	*Over 45*	*Total.*	*Under 45*	*Over 45*	*Total.*
1948 ...	57	65	122	48	16	64
1949 ...	47	44	91	43	12	55
1950 ...	28	57	85	22	15	37
1951 ...	22	46	68	18	17	35
1952 ...	12	34	46	12	11	23

The total deaths have fallen to about a third of the number occurring five years ago, and the deaths under the age of 45 have fallen even more, to about a quarter of the number occurring five years ago. The different reductions in the two age groups have meant that, whereas in 1948 over half the deaths occurred under the age of 45, now only a third of the deaths occur in this age group. The greatest number of deaths now occurs in males over 45.

These striking reductions in the mortality from respiratory tuberculosis have occurred throughout the country and are generally attributed to better social conditions, earlier diagnosis and the very much more effective methods of treatment now in general use. That there is still room for improvement is shown by the fact that of the 69 persons who died in 1952, 12 had not been notified as cases of tuberculosis before death, and a further 14 were notified during 1952 when the disease was in an advanced stage. (See Table 34). If these persons had been brought under treatment earlier their lives might very possibly have been saved, and the infection of very many other unfortunate persons would never have occurred.

Unknown Infector Pool.

New cases of tuberculosis will continue to arise while undiagnosed infectious cases are mingling freely in the community. Many facts already discussed—for example the number of cases found by the Mass Radiography Unit, the number of persons in whom the disease is diagnosed after death, the number of persons discovered in an advanced stage of the disease—point to the presence in the community of a considerable number of undiagnosed cases, many of whom are infectious. Using results of Mass Radiography surveys and other data Benjamin and Nash of the London County Council have made an estimate of the numbers in what they call the Unknown Infector Pool. For the country as a whole they give a figure of 27,000 positive sputum cases on chest clinic registers, and they estimate that there are in addition 34,000 undiagnosed positive-sputum cases forming the Unknown Infector Pool. Since the population of Warwickshire is approximately one-hundredth of the population of England and Wales the estimated size of the Unknown Infector Pool in Warwickshire is 340. That this is not an unduly large estimate can be seen from the fact that 186 infectious cases were diagnosed in Warwickshire last year. Our efforts must be directed towards tracing these undiagnosed infectious cases and also towards tracing the undiagnosed non-infectious cases before they progress further.

Services provided for the Tuberculous.

There are regular Chest Clinics in five of the County areas, three being held in County premises. A proportion of the salaries of the Chest Physicians is paid by the County Council and the Health Visitors assist at the Clinics. A Clinic at Coleshill is to be opened shortly and there is a clinic for school-children in the remaining area (Sutton Coldfield). The Health Visitors undertake tuberculosis visiting which involves among other things making reports on the home conditions and the numbers of contacts, following up patch tests and B.C.G. vaccinations, arranging for the loan of equipment where necessary, and giving general advice. Many items of equipment which are necessary when the patient is to make a long stay in bed at home are available on loan, including for example bedding, back rests and specialised items such as sputum flasks. Arrangements are made for the provision of additional nourishment and clothing for needy patients. Shelters are provided where there is a special need. The Area Medical Officers may recommend individual families to the Local Housing Authorities for re-housing where it is impossible under the existing conditions for proper segregation of the tuberculous person.

All contacts of new cases of tuberculosis are kept under regular supervision. Child contacts are patch tested and if found to be negative are given B.C.G. vaccination. A total of 261 children were vaccinated with B.C.G. in 1952. The adult contacts and positive child contacts are X-rayed when the case is discovered, and all contacts are X-rayed at regular intervals afterwards.

Variations within the County in the incidence of pulmonary tuberculosis.

A similar study as that already described on perinatal mortality has also been made for tuberculosis. The average rates for the past five years have been used to show the districts of County with an incidence higher or lower than the County average. The results are shown in Table 37.

Two rates have been used :—The rate of new notifications per year and the death rate. For new notifications the following three districts have rates very significantly higher than the County average :—

Nuneaton M.B.
Bedworth U.D.
Rugby M.B.

If these are excluded from the average the following other districts show significant differences in the notifications :—

High	Atherstone R.D.
	Rugby R.D.
	Warwick M.B.
Low	Sutton Coldfield M.B.
	Warwick R.D.

For deaths the following districts have rates significantly higher or lower than the County average :—

High	Nuneaton M.B.
	Bedworth U.D.
	Leamington M.B.
	Warwick M.B.
Low	Solihull U.D.
	Warwick R.D.

The figures reveal very big differences in the incidence of tuberculosis in the different parts of the County, it being considerably higher in the North Eastern and Eastern Areas and in parts of the Central Area, than in the rest of the County. Knowledge of these differences is most important in planning the size of the services to be provided for tuberculous persons in the different parts of the County.

The causes underlying the differences are mainly social and no very speedy change can be envisaged. The most effective action that can be taken is to concentrate case-finding resources on these areas and to attempt to reduce the spread of infection. This is already being done by the Mass Radiography Unit which concentrated in 1952 on Nuneaton and Rugby and in 1953 has made surveys in Bedworth, Leamington and Warwick.

13. **Non-pulmonary Tuberculosis.** (Tables 1, 32, 36 and 37).

There were 100 new notifications of non-pulmonary tuberculosis during the year compared with 75 in 1951. The site of the disease in these cases is given in Table 36 from which it will be seen that the increase in 1952 was mainly in the least serious type, cervical adenitis.

Cases of non-pulmonary tuberculosis may be due to infection by the human or the bovine type of bacillus. The only exact way of finding out the organism responsible in each particular case is by a bacteriological examination, which cannot normally be carried out as a routine. The N.A.P.T. however have recently published the results of a special survey in which this method was used to discover the amount of non-pulmonary tuberculosis which is of bovine origin. They found that for children under 15 the overall percentage of cases due to bovine infection was 40, but this percentage varied according to the site of the disease, being highest (70-80%) for cervical adenitis and abdominal disease and lowest (20-30%) for bone and joint disease and meningitis. The figures for adults were similar but rather lower, the overall percentage due to bovine infection being 25.

The milk supply of all new cases of non-pulmonary tuberculosis arising within the County is investigated and some previously unsuspected infected milks are found in this way.

Variations within the County in the incidence of non-pulmonary tuberculosis.

The average rates of notification of non-pulmonary tuberculosis in the past five years are shown in Table 37 for each County district. Districts with rates significantly different from the County average are as follows :—

High	Nuneaton M.B.
	Meriden R.D.
	Alcester R.D.
Low	Sutton Coldfield M.B.
	Solihull U.D.
	Leamington Spa M.B.

The two possible sources of infection must be remembered when interpreting these results. We would expect the incidence of non-pulmonary tuberculosis to be high where there is a high prevalence of the human bacillus or the bovine bacillus or both, and low where there is a low prevalence of the human bacillus or the bovine bacillus or both. In Nuneaton there is a low prevalence of the bovine bacillus because practically all the milk consumed there is pasteurised. There is, however, as we have already seen from the figures for pulmonary tuberculosis, a high prevalence of the human bacillus. In Meriden R.D. and Alcester R.D. the opposite applies, the incidence of pulmonary tuberculosis is about average, but the amount of non T.T. milk consumed raw is high.

Confirmation of the conjecture that the high incidence in Nuneaton is due to the human bacillus and in Meriden and Alcester is due to the bovine bacillus is obtained from an analysis of the type of case occurring in these districts. Out of 25 cases notified in Nuneaton in 1951 and 1952, the site of infection was in the cervical glands and abdomen in 8 cases. Out of 31 cases notified in 1951 and 1952 in Meriden and Alcester the site of infection was in the cervical glands and abdomen in 23 cases. These are the sites which are most likely to have been infected by the bovine bacillus.

The low incidence in Sutton Coldfield and Solihull is explained by the fact that they have a low incidence of pulmonary tuberculosis and the majority of the milk consumed in the districts for some years has been pasteurised or tuberculin tested. The districts have now been included with Birmingham as specified areas in which all milk retailed is controlled (see Page 59). Of the other towns only Leamington Spa has a significantly low incidence although all except Warwick M.B. have low values. This reflects the greater amounts of pasteurised and tuberculin tested milk drunk in the towns.

14. **Milk and Dairies Administration.**

Samples for biological testing are taken from all grades of milk, and, as in previous years, not a single sample of Pasteurised or Tuberculin Tested milk proved to be positive. On the other hand 5.1% of the samples of Accredited and non-graded milk proved to be positive.

Positive herd infections found by our own routine sampling and by that of neighbouring authorities are referred to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries who investigates the herd with a view to finding the offending animals. As a result 55 infected cows were slaughtered during the year.

While this work is of great value in reducing the amount of tuberculosis in the herds, it will be apparent from the paragraph above that it does not guarantee safety to the people drinking Accredited and non-graded milk.

Almost all the milk supplied to school children in schools is pasteurised or Tuberculin Tested and is sampled after delivery to the schools at least once in each school term.

A more detailed account of this work is given on Page 59.

15. **Smallpox and Smallpox Vaccination.** (Tables 27 and 28).

The County remained free from smallpox during 1952.

A " possible " case was reported in July by a practitioner in the West of the County ; the patient was examined by a Consultant, whose subsequent report confirmed that the case was not one of smallpox.

The measures instituted for strict control of possible outbreaks remain in operation, and in March a revised panel of advisers in smallpox diagnosis was issued by the Ministry to all Medical Officers of Health.

The number of smallpox vaccinations of children under 1 fell slightly from 2,445 in 1951 to 2,375 in 1952, which represents a vaccination level of just over 30%. The number of vaccinations at all ages fell from 3,406 in 1951 to 3,072 in 1952. The number of re-vaccinations also fell from 874 in 1951 to 740 in 1952.

16. **Diphtheria and Diphtheria Immunisation.** (Tables 24, 25, 29 and 30, and diagrams pages 21 and 22).

For the first time in any year there were no notified cases of diphtheria in 1952. In 1951 there were ten cases and three deaths, and in 1950 there were fourteen cases and one death, so that the 1952 result represents a considerable improvement. The very big fall in the number of notified cases and deaths during the past ten years is shown in the diagram on page 22.

Although the year was completely free from notified cases of diphtheria it remains essential that a high level of immunisation should be achieved and maintained. The number of children given a full course of primary immunisation was lower than in some previous years and was considerably lower than the satisfactory 1951 figure. Details are given in Table 24. The number of " booster " injections given exceeded the number of primary injections given and was higher than in any previous year.

At the present time just under 60% of the children in the County have received a full course of primary immunisation and 38% of the children over five have received a booster injection. A diagram showing the percentage with primary immunisation and the percentage with booster immunisation in each age group is given on Page 21. Persistent propaganda is necessary to maintain and improve these levels. There is a real danger of a sudden and disastrous return of the disease if immunisation is neglected.

To add weight to these remarks the diphtheria experience of certain countries of Europe is worth quoting. The most recent figures available from the Epidemiological Report of the World Health Organisation are as follows. The number of notifications of diphtheria in 1952 in England and Wales was 1,448 ; in the Federal German Republic the number was 20,842, in Italy 14,796, in Spain 3,364, in Holland 2,801, in France 2,547. The number of deaths from diphtheria for the first three quarters of 1952 in England and Wales was 22 ; in the Federal German Republic the number was 245, in Holland 118, in Spain 115, in France 80.

17. **Whooping Cough.** (Tables 26, 29 and 30).

The total number of notified cases of whooping cough fell from the high level of 1,703 reached in 1951 to 1,281 in 1952. Decreases were recorded in all areas of the County except Solihull where about a quarter of the total cases occurred.

For the first time in any year there were no deaths from whooping cough in 1952. Deaths from whooping cough in the last ten years are shown in Table 30. There were 7 in 1951 and 4 in 1950.

In the country as a whole the decline of the mortality rate from whooping cough has been less steep than in the case of other infectious diseases and more interest is now being taken in the disease. A recent review published in the Monthly Bulletin of the Ministry of Health states " since 1946 deaths from whooping cough have exceeded those from smallpox, scarlet fever, measles and diphtheria added together and as a cause of infant deaths from infection it comes after the two rather ill-defined groups of bronchitis-pneumonia and diarrhoea-enteritis. Moreover, children lose more days from school per case than from any other communicable disease and with none, apart from poliomyelitis is the risk of permanent sequelae so great."

These facts show the importance of immunisation against the disease. We have reason to believe that this reduces the incidence of infection and the severity of the attack. Whooping cough vaccine has been available in all Child Welfare Centres in the County since the beginning of the year and immunisations known to have been completed during the year in the Centres and by General Practitioners number 1,481. The total number of children in the County known to have been immunised during the last few years is 4,293, of which half are in Sutton Coldfield where the vaccine has been given in Child Welfare Centres for some time.

18. **Poliomyelitis.** (Table 31 and diagram page 26).

The number of cases of poliomyelitis during 1952 was small, only 14 paralytic and 6 non-paralytic. There were, however, two deaths, one of a pre-school child with the paralytic form and one of a young man with the non-paralytic form. Of the 13 paralytic cases who survived 10 still had some residual paralysis at the time of writing. The cases were distributed sporadically throughout the County.

A comparison with previous years is given in the diagram on page 26.

19. **Venereal Disease.** (Table 42).

The number of new cases of syphilis treated at the clinics remained at the low level which was established in 1951. There was a further reduction in the number of new cases of gonorrhoea from 86 in 1951 to 67 in 1952.

The Social Worker investigated the cases of 35 defaulters from Clinics (14 men and 21 women). 27 of these were subsequently induced to attend the clinics, 5 removed from the County area, one woman proved non-cooperative and was written off, and two were still not attending Clinics at the end of the year, but they were not in an infectious condition.

In addition seven were referred from other sources and on investigation by the Social Worker, two attended the clinics, three were found not to have V.D., and two women (unmarried mothers) received satisfactory treatment elsewhere.

20. **Other Infectious Diseases.** (Tables 29 and 30).

Measles.

There was a considerable decrease in the number of notifications of measles in 1952, compared with 1951 and 1950, which were epidemic years. All areas of the County except Sutton Coldfield and the North Western Area showed substantial decreases.

Opthalmia Neonatorum.

There were 11 notifications of ophthalmia neonatorum in 1952, 5 from domiciliary and 6 from institutional confinements. In no case was there any permanent damage to the eyes.

Puerperal Pyrexia.

There was a further increase in the number of notifications of puerperal pyrexia, due to the fact that 1952 was the first full year under the new, more stringent, regulations governing the notification of this condition. Of the 131 notifications in 1952, 11 were from domiciliary and 120 from institutional confinements.

21. **New Claims for National Insurance Sickness Benefit.** (Table 43).

As mentioned earlier in this report the Midland Regional Office of the Ministry of National Insurance have supplied each week since the beginning of 1950 the number of new claims to sickness benefit received by each National Insurance Office in the Region. These figures have been summarised in Table 43 for six Offices which are within the County. These Offices cover districts which are not precisely related to the Local Authority Boundaries, but the error is not likely to be very great.

The Table shows that new claims during 1952 were lower than in the two previous years for the first two quarters, but slightly higher in the last two quarters. The number of new claims received during the winter of 1951/52 was particularly low and there were no sharp rises in the number of claims such as occur when there are outbreaks of influenza.

The Midland Regional Director has very kindly supplied the total number of claims in force at these Offices for two selected weeks in 1952. For the week ended February 26th, 1952, a total of 4,684 claims were in force at these six offices. The number of new claims for this week was 875. For the week ended August 5th, 1952, a total of 3,328 claims were in force at the six offices. The number of new claims for this week was 364. These figures give some idea of the overall amount of sickness in the County for which insurance benefit is payable.

22. **Nursing Services.** (Table 18 and page 41).

Midwifery.

A survey of the number of midwives and the cases undertaken in the past few years is given in Table 18.

The admission of maternity cases to hospital for confinement is arranged in the following way. If there are medical grounds for admission the patient is referred direct to hospital by her medical attendant. If the patient is normal her application is forwarded from the hospital to the Health Department and a County midwife visits and submits a report in which the application is classified in one or other of the following categories :

" A " Those who must be admitted for social reasons.
" B " Those who wish to be admitted but could be accommodated at home if necessary.

A bed is provided by the Regional Hospital Board for every patient in Category " A " and as many Category " B " patients as can be accommodated. Where the hospital cannot accept a Category " B " case the application form and midwife's report are returned immediately so that arrangements can be made for a home confinement.

In practice there are wide variations in the County in the proportion of domiciliary to institutional cases. As will be seen from the bottom section of Table 18 the proportion of domiciliary cases is much higher in the North Eastern and North Western areas of the County than elsewhere.

All County midwives but one are qualified to administer analgesics, and during 1952 Gas/Air was given to 1,172 patients and Pethidine to 812.

Midwives attend in rotation to the Post-Certificate Refresher Course arranged by the Royal College of Midwives. Seven midwives attended during 1952.

Health Visitors.

The Health Visiting staff again showed a slight increase in 1952. The Council offers bursaries to suitable applicants to take their health visiting training and requires selected candidates to remain in the Council's employment for one year following the completion of the training. During 1952, 17 commenced training, 11 completed their training and 17 were still in training at the end of the year. When their training is complete these health visitors are placed in the districts where the need is greatest.

The health visitors spend the greater part of their time advising mothers on the care of the young children but their duties are steadily widening. The work connected with the care of tuberculous persons and contacts has greatly increased in recent years, and the health visitors are also frequently asked to help with the problems of the aged. An important part of the health visitor's work which has already been mentioned, is that connected with special surveys. General encouragement has been given to the staff to make themselves and their work better known to the local general medical practioner. Most hospitals send notifications of patients being discharged from hospital, and where home visits are considered desirable these may sometimes be undertaken by the health visitor.

Health visitors attend every five years for a refresher course.

District Nursing.

There was a slight increase in the staff engaged in district nursing in 1952, and correspondingly more visits were made.

In this service co-operation with the general practitioners is good, the nurses at all times working under their direction in giving nursing care to individual patients. There is little change in the work of the district nurses. Their service will always be a very personal one, closely linked with the general practitioners under whose instructions they work. Even in those cases referred by the hospitals and chest physicians for nursing care, treatment should be referred to the patient's doctor and the nursing care carried out under his direction.

23. **Antenatal and Postnatal Clinics.** (Table 20).

Antenatal care is provided by the Regional Hospital Board for all hospital booked cases, that is for nearly 70% of all births. Domiciliary cases are usually cared for by the general practitioner and the midwife, but it has been found of value in some areas to have local authority antenatal clinics to supplement the other services. There are clinics in Sutton Coldfield, in the North Eastern area, in Rugby and in Keresley. The clinics in the North-Eastern area and in Rugby are conducted by the consultant at the local hospital. The other clinics are conducted by a general practitioner and two of our own medical officers who have a special interest in this work. Attendances at these clinics are shown in Table 20.

24. **Child Welfare Centres.** (Page 39).

At the end of 1952 there were 82 Child Welfare Centres in the County, providing between them about 250 sessions per month. Towards the end of the year delivery was taken of two mobile Child Welfare Centres for use in the Rural Districts. There were about 4,500 children under one, and 9,000 children between one and five years on the registers of Child Welfare Centres and altogether about 97,500 attendances were made during the year. Since overall figures such as these are difficult to interpret except in a very general way it was thought worth while to make a detailed analysis of attendances at two of the Centres in order to establish some facts about their use. The Centres chosen were Bedworth and Stratford-on-Avon, the reason for this choice being that they serve compact, contrasting areas. The method and results of the analysis were as follows.

The analysis was based on infants born in 1951. The Registers of Centres for 1951 and 1952 were scrutinised, and all attendances up to the age of one year of infants born in 1951 were extracted. These were then compared with the total number of live births in 1951 in the districts served.

The results have been calculated in the same way as those given for Child Welfare Centres in Newcastle in a recent article by Dr. Miller of the Department of Child Health, Durham University, and the Newcastle Health Department. He found that in the first year of life only 67% of infants attended the Centres. The corresponding figures for Bedworth and Stratford are 69% and 63%. Dr. Miller suggests that a total of 10 visits during the year might be accepted as adequate, and finds that with this standard, only 29% of Newcastle infants can be said to have attended the Centres satisfactorily. The corresponding figures for Bedworth and Stratford are 38% and 35%. Our results are therefore slightly better but very similar to the Newcastle ones.

Facts available from a special survey being carried out in Newcastle have enabled Dr. Miller to make an analysis of the type of attenders. He found that mothers of good artisan homes attend most frequently, and that first and second children are more likely to be brought frequently than subsequent children. Mothers with a poor standard of care, with large families, or with illegitimate infants, are less likely to come. Although comparable information for Warwickshire is not available in a precise statistical form our observations suggest that the same trends which were found in Newcastle are present here.

25. **Dental Treatment of Expectant and Nursing Mothers and Pre-School Children.** (Tables 21 and 22).

During the year there was once again a loss of staff and at the end of the year the position showed no improvement. In the early part of 1953, however, there was a welcome addition in the form of more part-time staff.

Owing to this acute staff shortage—during the year less than one-third of the authorised establishment was present—it has been possible to provide only a token service for expectant and nursing mothers and pre-school children. It is hoped that increases in staff will make possible a rapid development of this most important service. Meanwhile many patients have been treated by private practitioners. The statistical table on page 43 shows the treatment which was carried out in 1952 and previous years.

Towards the end of the year two more caravan units were acquired making a total of three in use. These units are stationed in the North-Western, Solihull and Southern Areas, and in addition to the treatment of school children are available for the treatment of mothers and pre-school children.

26. **Fluoridation of Domestic Water Supplies.**

The Medical Research Council in a report to the Ministry of Health recommended that a small mission should visit the United States to study the fluoridation of water supplies as a means of reducing the incidence of dental caries. The mission made its visit in the Spring of 1952 and its report is now published. The following is an extract from the summary of its findings.

" Epidemiological studies in America have demonstrated beyond doubt that among children and adults who have been born and brought up in areas where the drinking water contains fluoride at a level of 1 p.p.m. or more, there is much less dental caries than in areas where the water is free from fluoride. Compared with areas where the drinking water contains little or no fluoride there is about 60 per cent. less dental caries among children aged 12 to 14 years, and about six times as many children have permanent teeth which are free from caries (18 to 29 per cent. compared to about 4 per cent.) A few studies among adults, both in England and in the United States show that the effect of fluoride persists at least up to about 40 years of age.

In recent years many North American communities whose water supplies contained little or no fluoride have added fluorine compounds to their water. In certain of these communities the dental effects of ' fluoridation ' have been studied carefully.

In our opinion the evidence is conclusive that among children in fluoridation areas there is a reduction in the incidence of dental caries to a level comparable with that experienced where fluoride occurs naturally in the water."

The water supplies of Warwickshire are under investigation, but the County has not been mentioned as one where the fluorine content is likely to be naturally high.

27. **The Illegitimate Child and its Mother.** (Table 19).

The number of illegitimate births coming to the notice of the Social Worker has been remarkably constant in the last three years, as have been the age composition of the mothers and the sources of reference. Details of the cases in 1952 and 1951 are given in Table 19, from which it will be seen that 219 of the women were given help of some kind in 1952 compared with 203 in 1951.

In 90 of the 272 cases the children were placed for adoption, in 4 they were placed in children's homes and in 3 they were placed with foster mothers. In the majority of the remaining cases the mother kept the child. These figures are very similar to those for 1951.

About one quarter (52) of the 209 single women had borne children before, 35 women having borne one previous child, 13 two previous children and 4 more than two previous children.

The Guild Street Antenatal and Postnatal Hostel for unmarried mothers and their children was again used to capacity. More women were admitted than in 1951, 99 against 85, but their stays were shorter ; only 14 women stayed for more than one month antenatally in 1952, compared with 19 in 1951, and only 14 women stayed for more than one month postnatally in 1952 compared with 18 in 1951.

During the last three years there has been no outbreak of any kind of infection in this Hostel, a tribute to the efficient work of the Matron and other staff.

Thirteen women were sent for antenatal stay and two for postnatal stay in other Homes, and as in previous years this was mainly to relieve the pressure on the Guild Street Hostel or to enable mothers requiring some form of special training to obtain it.

The infant death-rate of illegitimate infants is usually considerably higher than that for legitimate infants in spite of the facilities which are available for the care of the unmarried mother. Because of this an analysis has been made this year of the circumstances of each illegitimate infant death, with the following results.

Of the eleven cases of illegitimate neonatal death only two were referred to the Social Worker before the birth took place. Arrangements were made for antenatal supervision and hospital delivery for both these cases, but both babies died from hydrops foetalis. Five of the remaining nine cases were delivered in hospital and one was delivered at home under the care of the district midwife. All these babies were premature, four died from this factor alone, one died from associated broncho-pneumonia and one from associated birth injury. There remain three cases in which the mothers made no provision for the birth, one of the babies died from congenital heart disease and the other two from lack of care.

There were three cases of deaths of illegitimate infants between one month and one year. Two of the cases were referred to the Social Worker early in pregnancy, both were then referred to antenatal clinics and a hospital delivery was booked ; one of them was given antenatal accommodation for three months. The baby of the latter woman died in hospital from congenital malformations when three months old. The other baby was taken home by its mother but died as the result of an accident at five months.

The remaining case was referred to the Social Worker after the birth of the baby, which was premature. Although help was given to the mother, who kept her baby at home, the baby died at five months from meningococcal septicaemia.

28. Day Nurseries.

At the time of going to press all the day nurseries had been closed.

Altogether eleven nurseries were opened from 1941 onwards, and at the peak period in 1944 about 500 children were on the registers of these nurseries. The County have operated a staff training scheme which has trained 88 girls.

Much excellent work was done in the day nurseries, but preventive medical activities, if they are to be economically sound, should be carried out as far as possible without removing people from their homes. Institutional care, whether day or residential, hospital or hostel, should only be undertaken when there is a very special reason, such as the need for highly specialised medical treatment, or where home circumstances are really impossible.

29. Nurseries and Child Minders Regulation Act, 1948.

Five new certificates of registration for child minders covering 37 children were issued during the year, two in Sutton Coldfield, two in Kenilworth and one in Long Itchington. The five existing certificates remained in force so that at the end of the year ten certificates were in force covering 67 children. Inspections of child minders are made every 6 months, and during inspections made in 1952 they were all found to be satisfactory.

30. Registration of Nursing and Maternity Homes. (Table 23).

No new nursing homes were registered during the year. The fourteen homes on the register were all inspected and found to be maintaining satisfactory standards.

31. Domestic Helps. (Table 41).

The domestic help service is available where there is a real need for help in the home. Such a need arises for example after a home confinement, during acute of chronic illness, for persons living on their own and for aged and infirm persons. Charges are made according to a scale with a maximum of 2s. 4d. per hour. On average about 20% of the total cost is recovered from charges.

The growth of the service since 1949 is shown in Table 41. The time spent on each case has increased considerably. There has been a reduction in the number of maternity cases, needing help for short periods only, and an increase in the number of chronic cases needing help for long periods.

32. Care and After-care Loan Scheme. (Table 39).

Table 39 shows the growth since 1948 of the Care and After-Care Loan Scheme. Rather more items were issued in 1952 than in 1951, and the number of items remaining on loan was quite considerably higher at the end of 1952 than at the end of 1951. The number of loans will probably continue to increase as the service becomes still more widely known.

The nursing staff regularly check the equipment in the homes and arrange for the return of items which are no longer in use. The care taken of loaned items is generally very satisfactory.

33. County Ambulance Service. (Tables 45, 46 and 47 and diagram page 27).

During the past year 1,085,339 miles were covered by the Ambulance Service as compared with 1,035,301 miles in 1951 and 1,045,166 in 1950.

The W.V.S. Hospital Car Service, which operates mainly in the rural areas covered 91,147 miles in the same period as compared with 103,366 miles in 1951 and 102,599 miles in 1950.

The overall mileage covered by both services has increased during the year by 37,819 miles as against a reduction of 9,098 in 1951.

The number of patients carried during the year was 152,977 by the County Ambulance Service and 7,187 by the W.V.S. Hospital Car Service. Comparable figures for 1951 are not available as the interpretation of the term " patient " was amended by the Ministry of Health mid-way through that year. The figures for the last six months of 1951, based on the revised definition, was 69,600 patients by the County Ambulance Service and 3,653 by the W.V.S. Hospital Car Service.

On investigation it appears that the increase in mileage can be attributed mainly to the following factors :

(1) The exceptional early winter when the incidence of illness was much higher.

(2) The considerable increase in the number of patients carried to hospital for out-patient treatment or admission.

(3) The acute shortage of beds in hospitals necessitating cases being sent outside the particular Hospital Group.

(4) The continued increase in the number of tuberculous patients carried as a result of the additional facilities being provided.

(5) The extension of transport for Pump Room cases covering a greater area of the County.

Full use of the railway facilities continues to be made in respect of long distance journeys and the help given by the Railway Staff is excellent.

The Ambulance Service Costing Return for 1951/52, the second annual issue to be published by the Ministry of Health has been received. This return was instituted in the hope that it may help authorities to judge, by comparing particulars of the costs incurred and work done by other similar local health authorities, whether their own services are being run in the most efficient and economical way. A close inspection reveals that in comparison with the other counties included in the same group (i.e. the more urbanised counties) this council is providing an economical service.

For the whole service, which includes journeys undertaken by the W.V.S. Hospital Car Service and journeys by rail, the average cost per patient is 17s. 3d. (which is identical to the average for the group), the average number of miles per patient 7.8 (against an average of 8.1), the cost per 1,000 population £262 (against the average of £232), and the number of patients carried per 1,000 population 304 (against the average of 269). The cost per vehicle mile of the directly provided service is 2s. 5d. (against the average of 2s. 6d.)

It would appear from these figures, in comparison with similar counties but bearing in mind the distribution of population in relation to the hospitals, that the cost per patient is reasonable, and that the average miles per patient shows that effective use is made of the vehicles by dealing with patients collectively wherever possible.

The figures for the number of patients carried per 1,000 population and the cost per 1,000 population are relatively high and indicate that the service is being used in excess of the services provided by other counties in the same group. Approximately 90% of requests for ambulance service transport emanate from the hospitals. Investigations have been carried out both at the depots and the hospitals and whilst it is evident that in the majority of cases transport is justified it is apparent that a number of patients, particularly in areas adjacent to hospitals, could make fuller use of local transport facilities. It is also evident that at hospitals where staff changes are frequent standards fluctuate considerably.

The introduction of a system of radio control was approved by the Council in September, 1952, after a lengthy trial, and more details on the radio will be given in the next year's report.

The entry of all eligible drivers in the National Safe Driving Competition sponsored by the Royal Society for the Prevention of Accidents has provided very satisfactory results, and produced an extra keenness amongst all personnel.

Conveyance of National Coal Board patients from Collieries have been carried out by the Nuneaton and Bedworth Depots in an efficient manner.

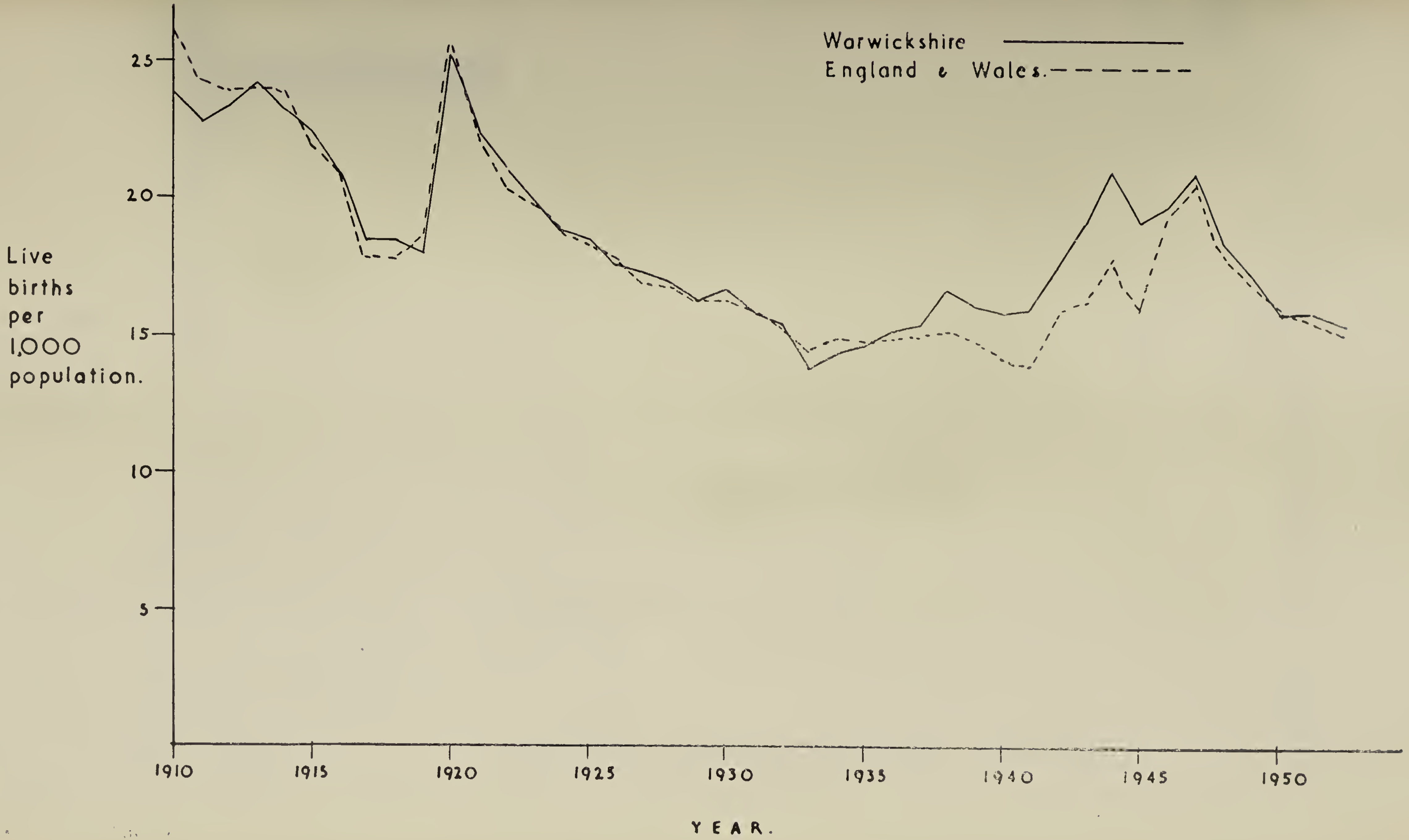
34. **Health Education.**

So much sickness can be avoided by adherance to simple rules for healthy living that the teaching as widely and effectively as possible of the basic principles of nutrition and hygiene is a most essential and rewarding function of a Health Department. Apart from individual advice in the home, which is of fundamental importance, every opportunity should be taken for teaching groups of persons whether in clinics, clubs or organisations of one sort or another. Many members of the staff have done good work in this field during the year by arranging demonstrations in the clinics and by giving special talks on all sorts of subjects to a wide variety of audiences, but there is still room for much expansion of this important work.

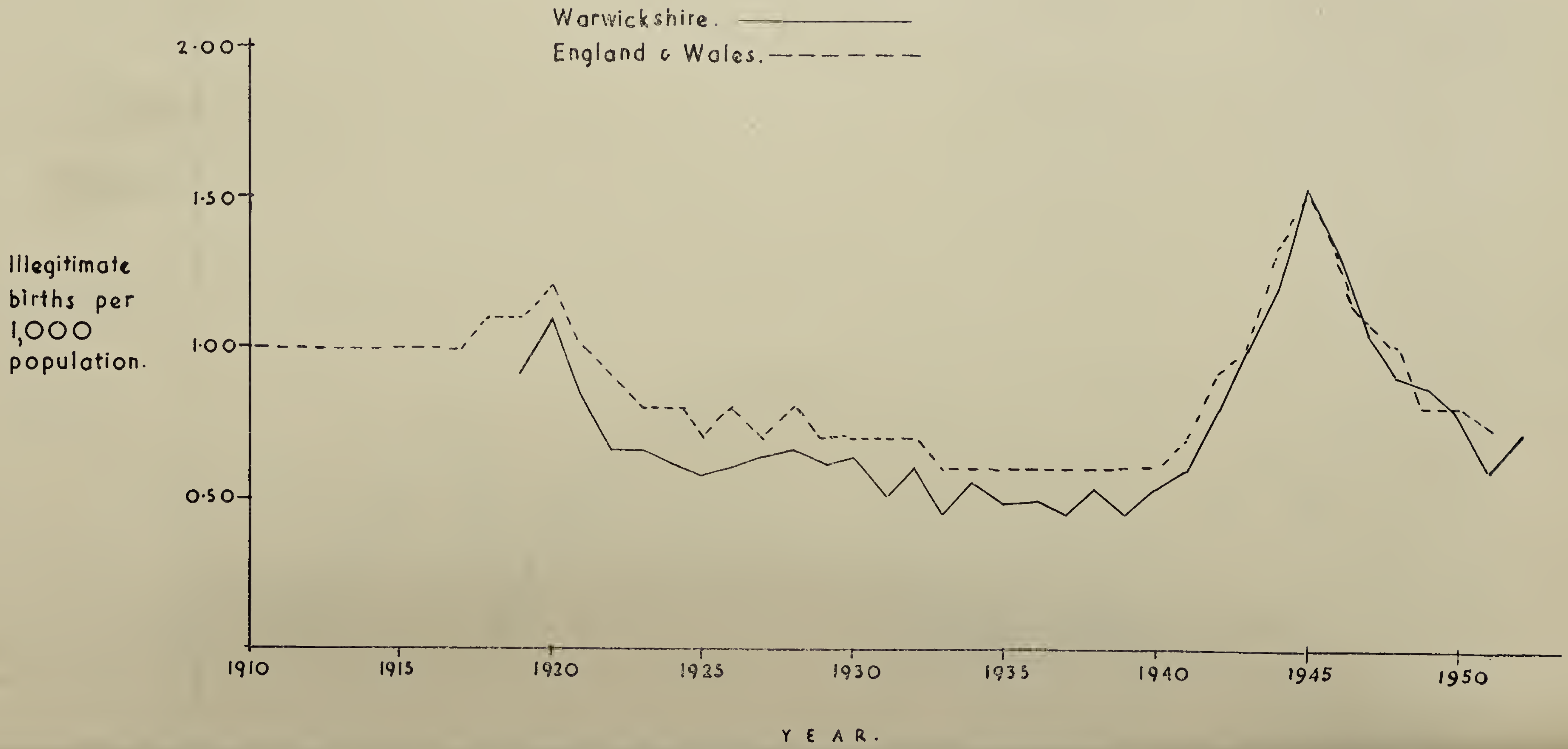
In ending this review on the present standards of health in the County, it is desirable to point out once again that illnesses develop while people are living outside hospitals and that people are returned from hospital to their homes usually in need of much " after-care " treatment and assistance. By comparisons on the health of the people living in various districts of the County and with conditions existing a few years ago, it can be shewn that much illness is, in fact, being prevented. It is, however, essential to emphasise that as preventive medicine becomes more personal, improvements need the active co-operation of the people themselves.

S. W. SAVAGE, M.A., M.D., D.P.H.,
County Medical Officer of Health.

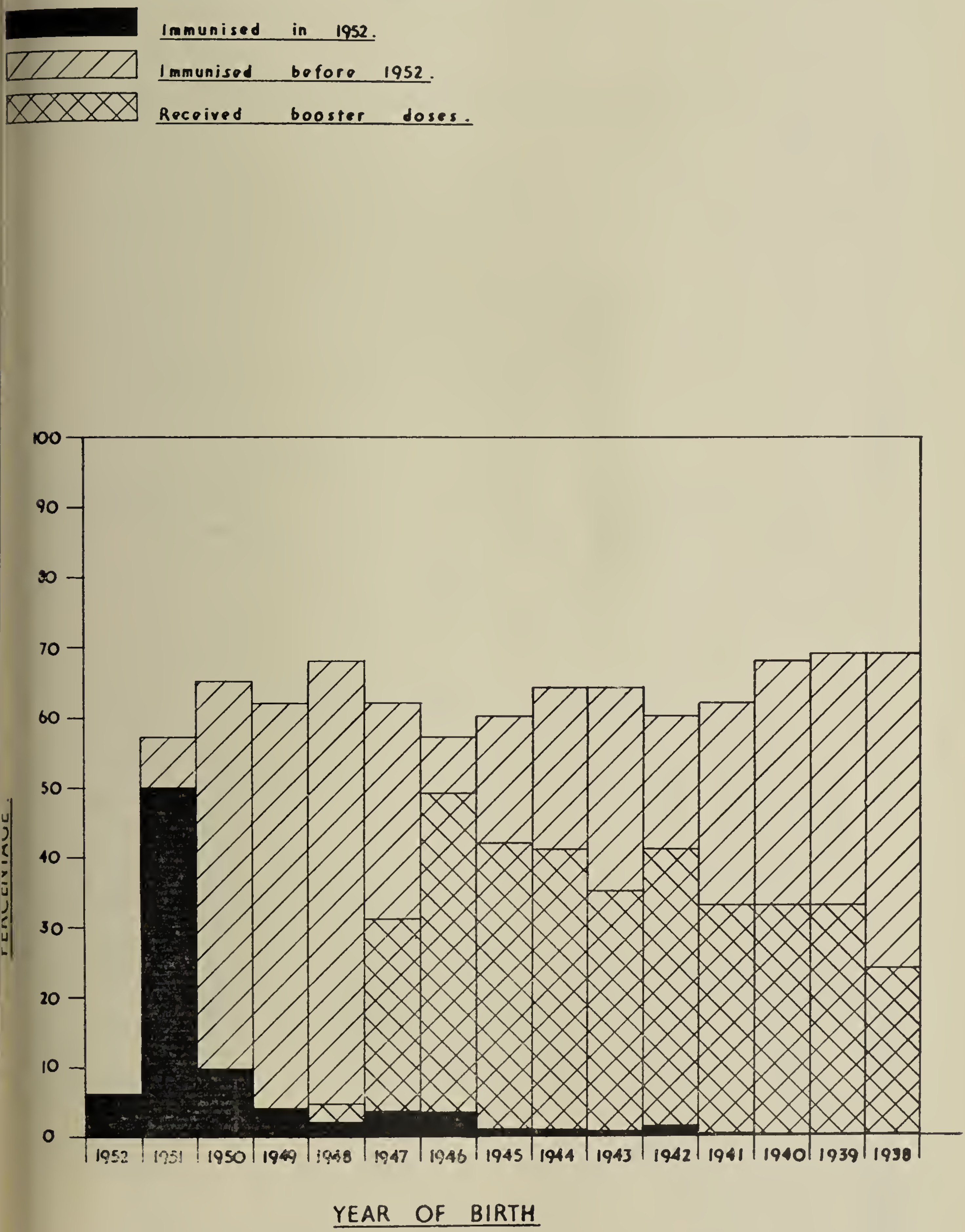
Live Birth Rate Per 1,000 Population



Illegitimate Birth Rate Per 1,000 Population.

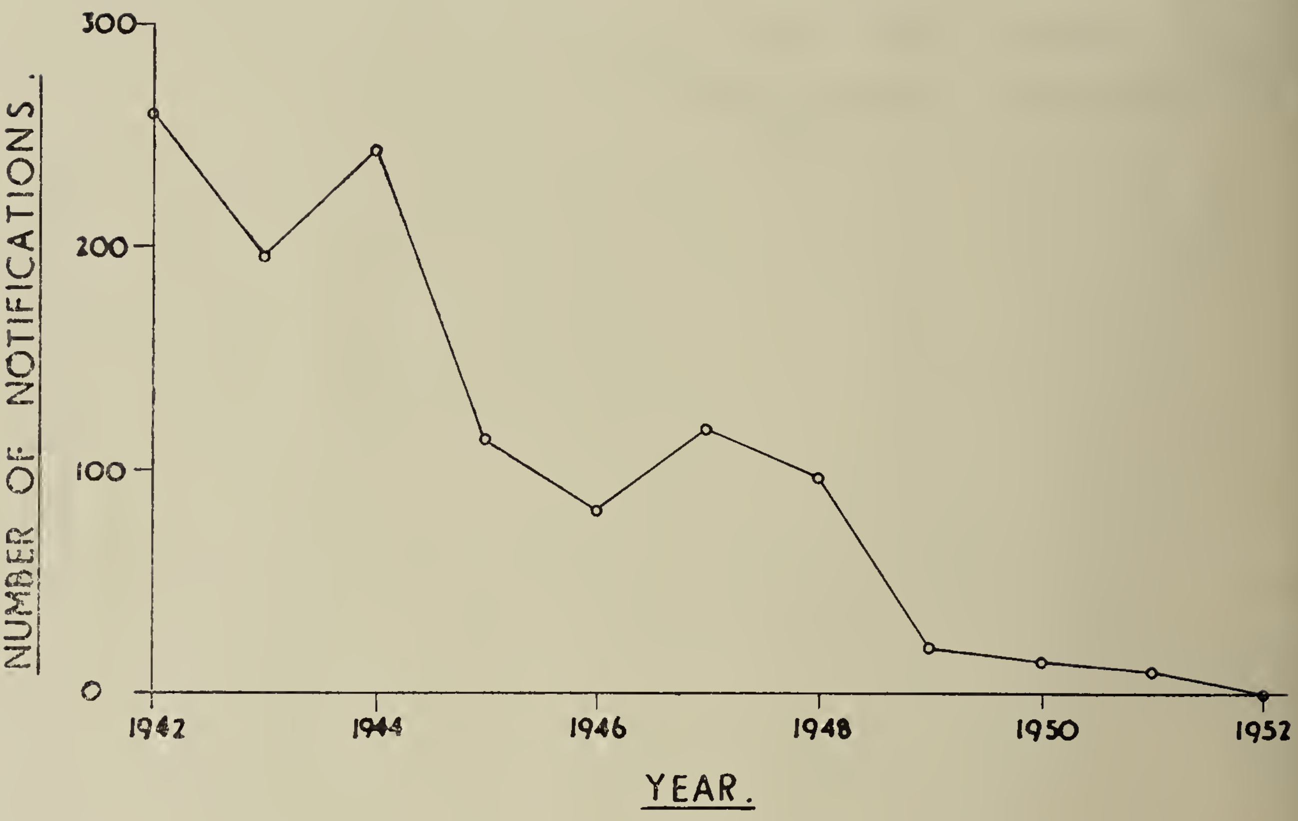


LEVELS OF DIPHTHERIA IMMUNISATION OF CHILDREN BORN BETWEEN 1938 & 1952.



DIPHTHERIA.

NOTIFICATIONS 1942 – 1952.



DEATHS 1942 – 1952.

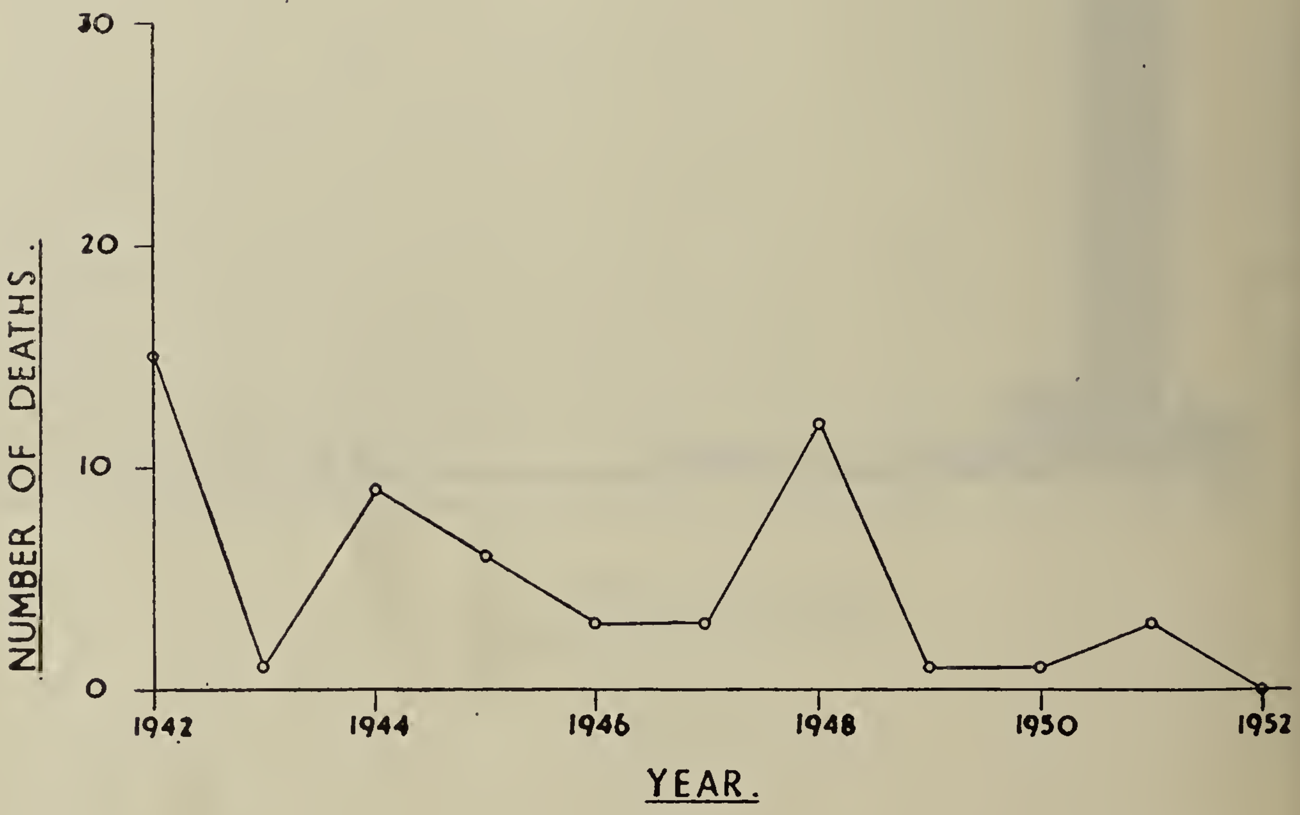
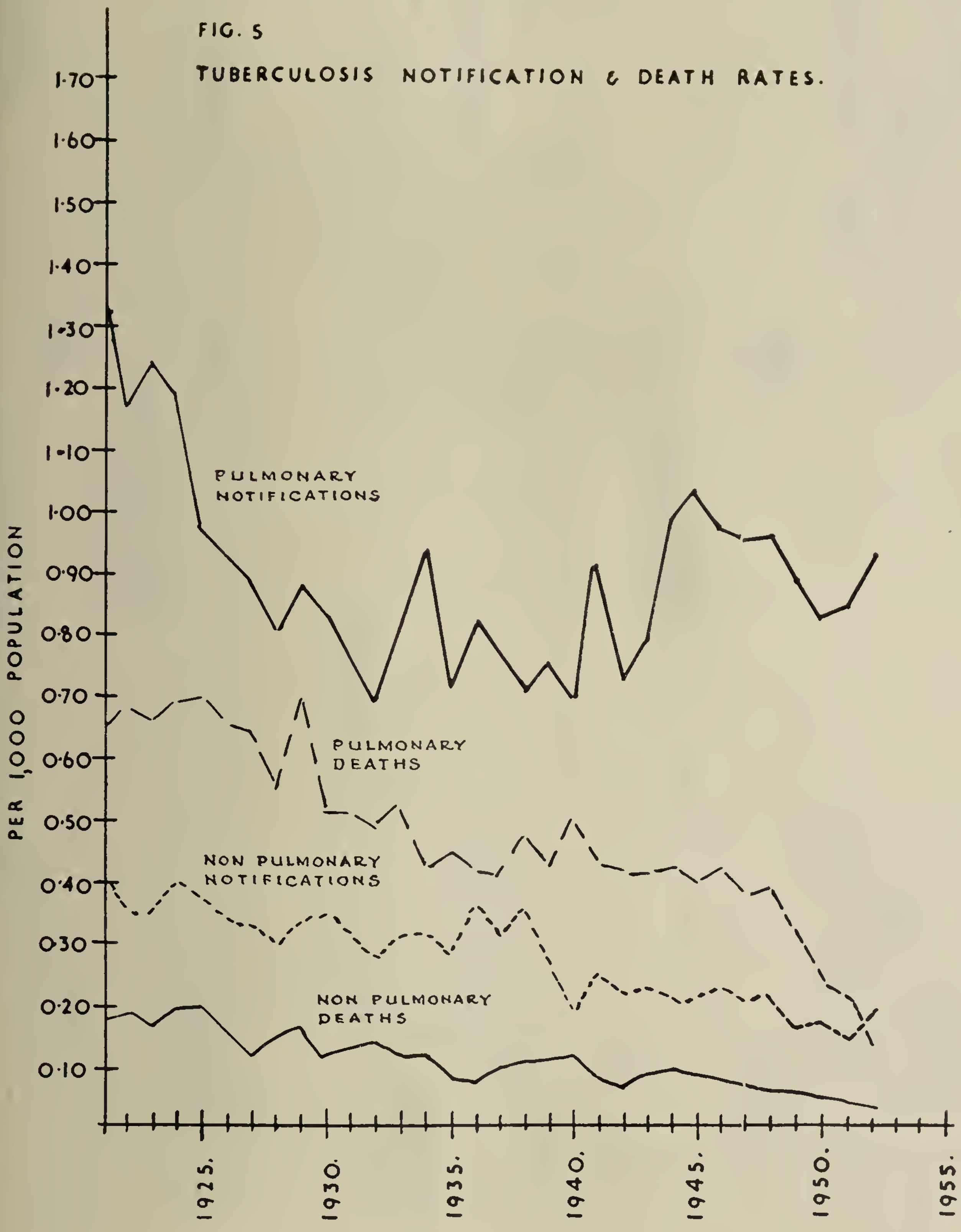


FIG. 5

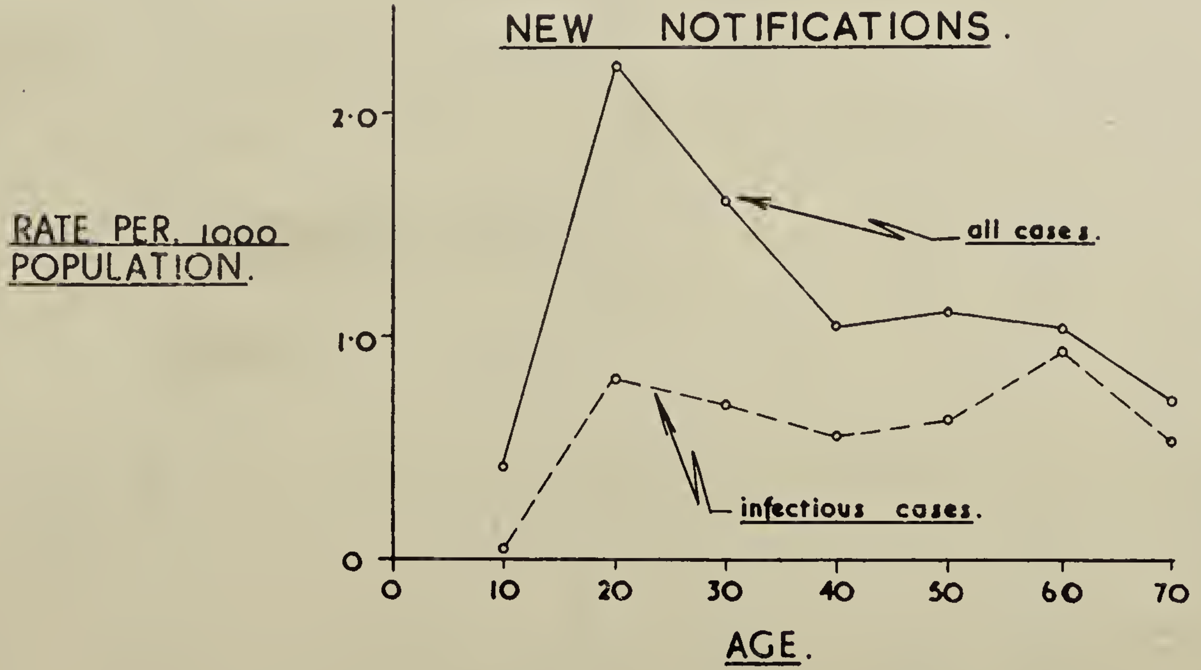
TUBERCULOSIS NOTIFICATION & DEATH RATES.

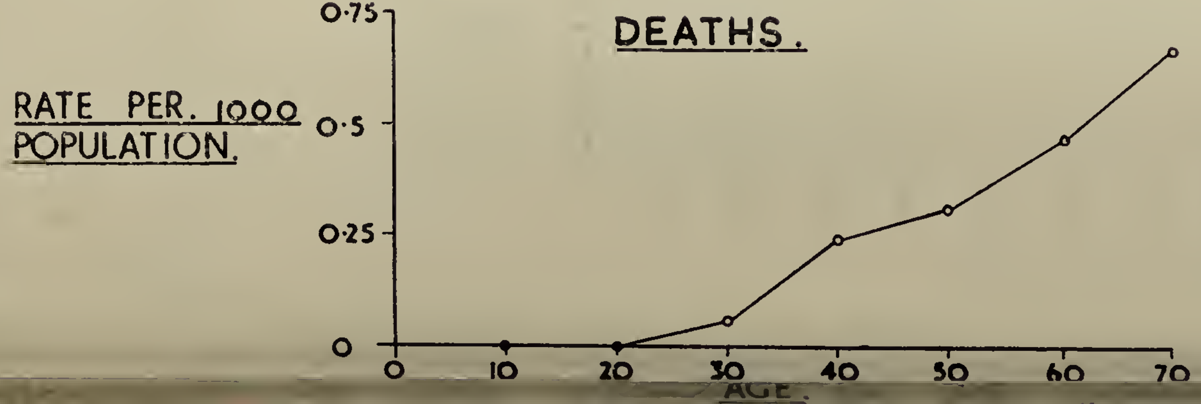


PULMONARY TUBERCULOSIS. 1952.

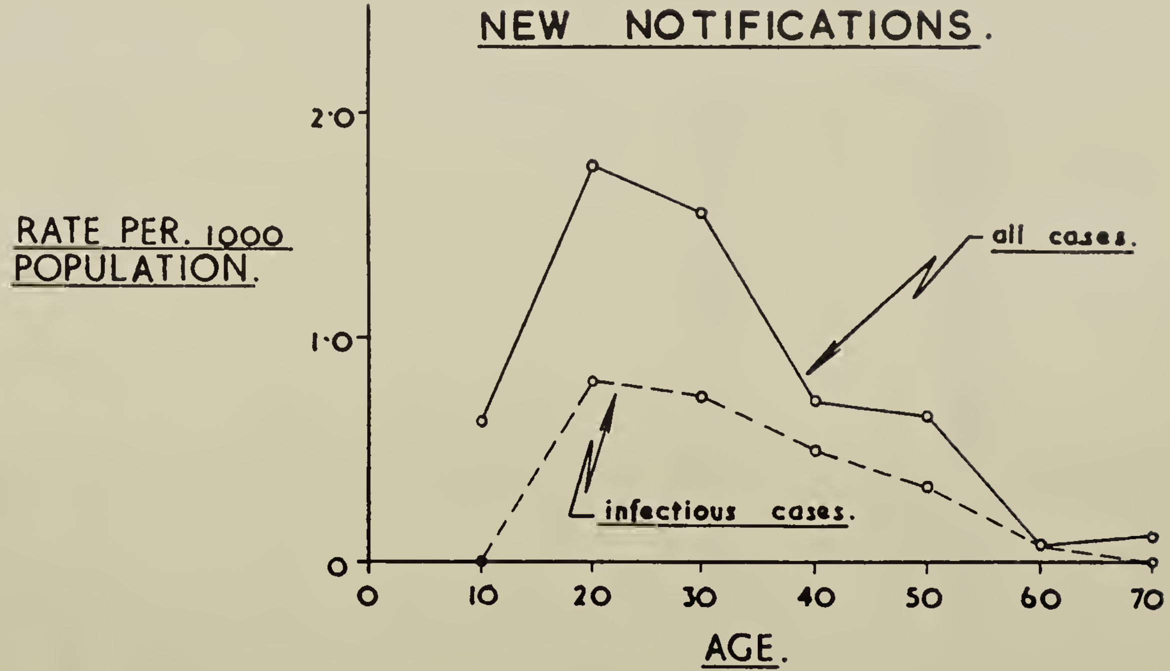
RATE OF NOTIFICATIONS AND DEATHS IN AGE GROUPS. PER. 1000 POPULATION.

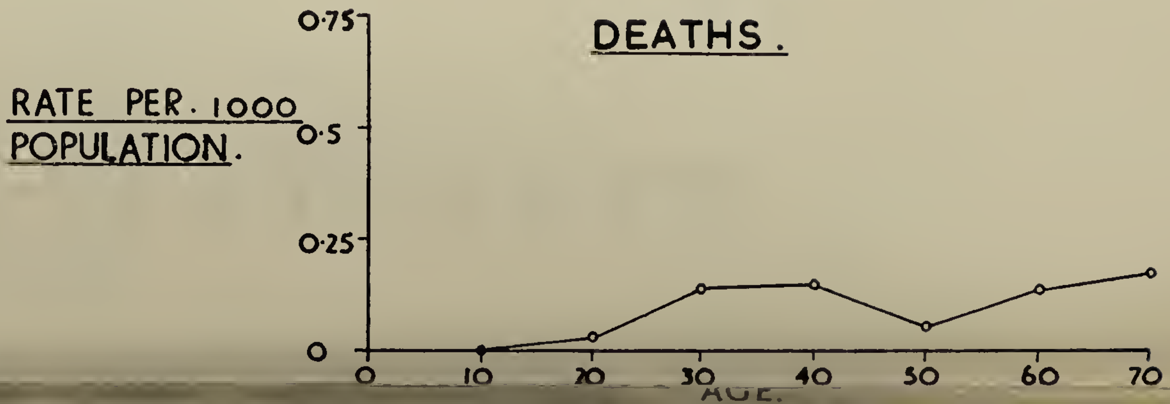
MALES.


NEW NOTIFICATIONS.


DEATHS.

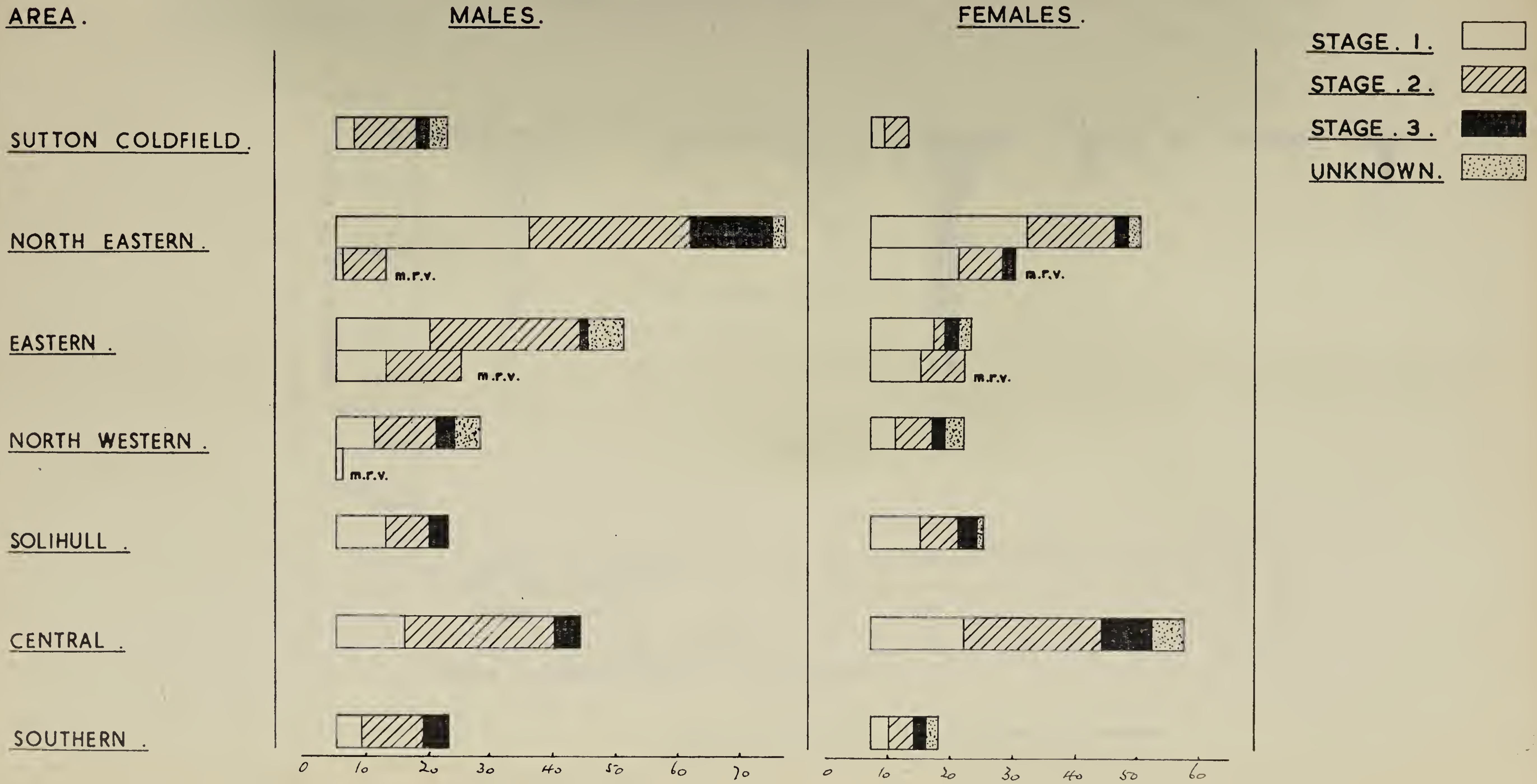
FEMALES.


NEW NOTIFICATIONS.


DEATHS.

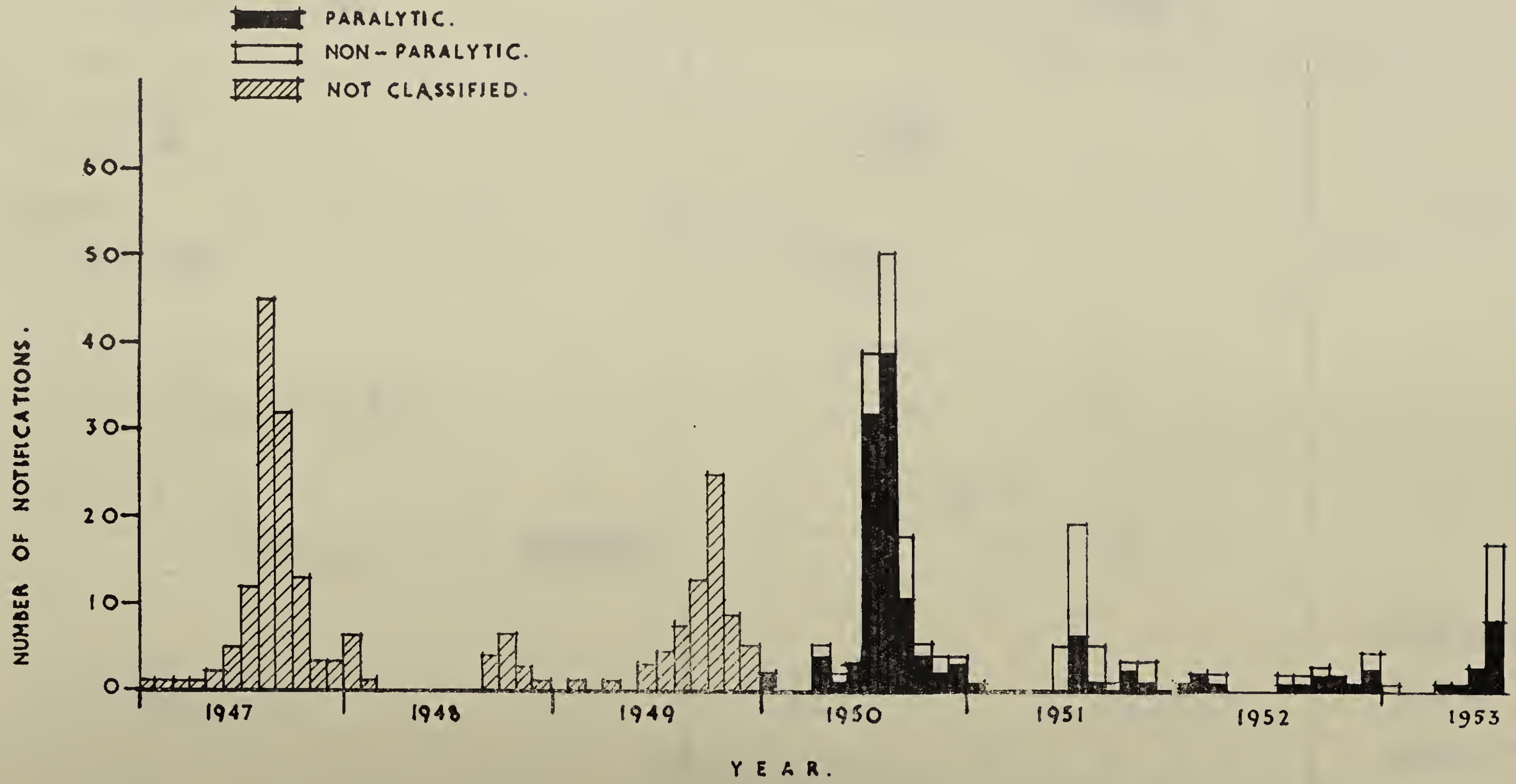
(CASES FOUND BY MASS RADIOGRAPHY VISITS (m.r.v.) SHOWN SEPARATELY.)

PULMONARY TUBERCULOSIS.

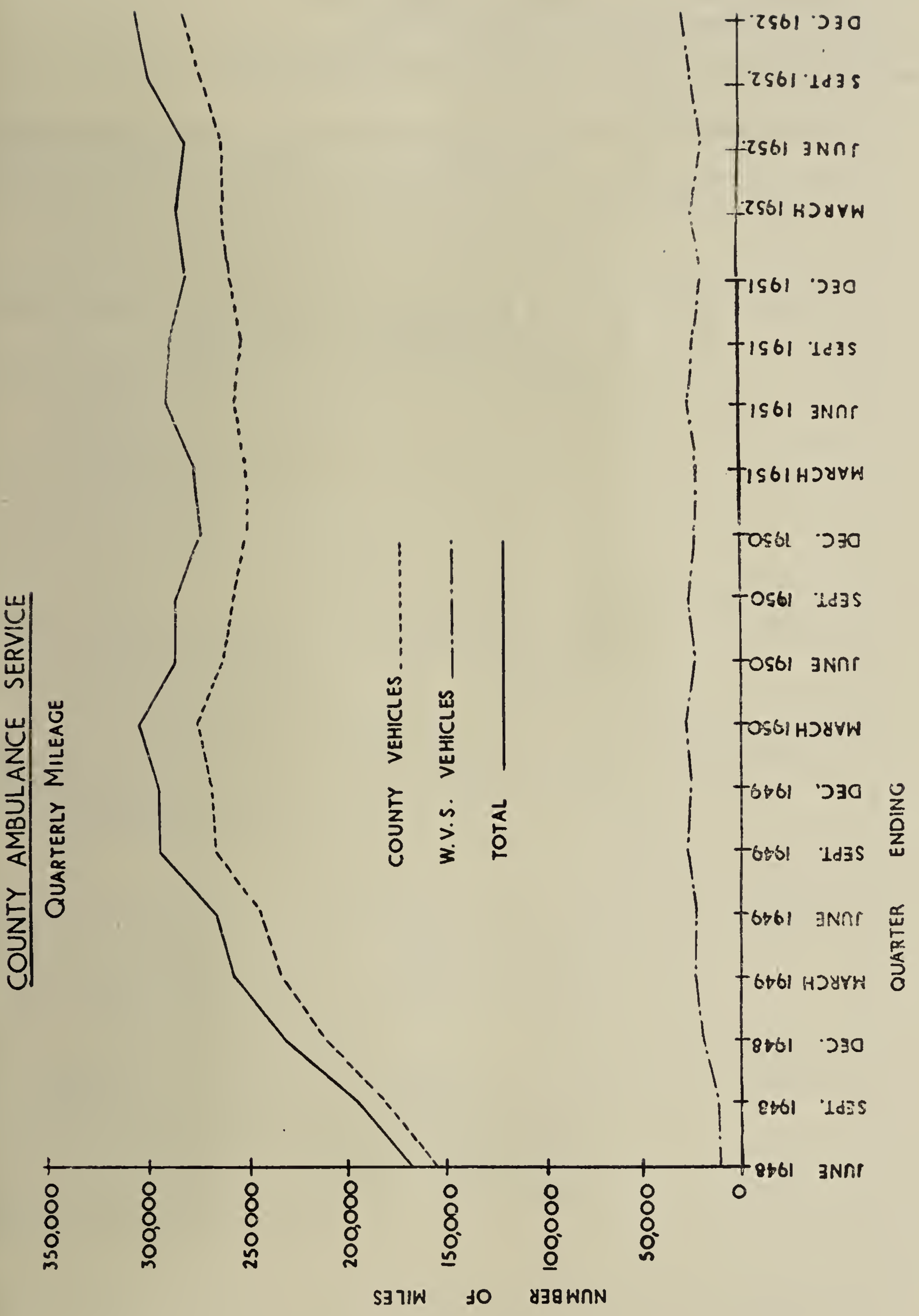


POLIOMYELITIS AND POLIOENCEPHALITIS.

Number of Notifications of Poliomyelitis in Warwickshire Each Month.



TOTAL NOTIFICATIONS POLIOMYELITIS.	123	17	60	133	37	20	24
TOTAL NOTIFICATIONS POLIOENCEPHALITIS.	11	1	4	2	1	–	–
TOTAL DEATHS FROM POLIOMYELITIS AND	10	4	7	13	–	2	–


COUNTY AMBULANCE SERVICE

Quarterly Mileage

STAFF OF THE COUNTY HEALTH SERVICE

(at time of going to press).

County Medical Officer of Health and School Medical Officer:
Dr. S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.

Deputy County Medical Officer of Health and School Medical Officer:
Dr. G. H. TAYLOR, M.D. (Lond.) D.P.H.

Area.	*Medical Officer.*	*Assistant County Medical Officer.*
1 Sutton Coldfield.	Dr. J. R. PRESTON, B.Sc., M.B., Ch.B., F.R.F.P.S., D.P.H. (Glas.)	Dr. DORIS I BUCKBY, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
2 North Eastern.	Dr. G. R. KERSHAW, M.A. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.	Dr. GWENDOLEN COOTE, M.B., B.S. (Lond.). Dr. MARGARET STEANE, M.B., Ch.B. (Birm.). Dr. L. S. STEPHENS, M.B., Ch.B. (Birm.). D.R.C.O.G. (Lond.), D.P.H. (Liv.). Dr. G. HIRD, M.B., Ch.B., (Aber.), D.P.H. (from 1/9/53).
3 Eastern.	Dr. D. J. JONES, B.Sc., M.B., Ch.B., D.P.H (Cardiff).	Dr. ANNE D. SURTEES, M.B., Ch.B., D.C.H. (from 1/8/53). Dr. AGNES YOUNG, M.B., Ch.B., D.P.H. (Glas.).
4 North Western.	Dr. G. W. KNIGHT, M.D., D.P.H. (Leeds).	Dr. ELIZABETH A. BAGNALL, M.B., B.S. (Lond.) (from 1/9/53). Dr. MATILDA THOMSON, M.B., Ch.B. (Glas.)
5 Solihull.	Dr. I. M. McLACHLAN, L R.C.P.I. and L.M., L.R.C.S.I. and L.M., R.C.P.S.I., D.P.H. (Ireland).	Dr. J. HENDERSON, M.B., Ch.B. (Glas.), D.P.H. Dr. ELIZABETH THOMPSON, M.B., Ch.B. (Edin.), D.P.H. (Edin. and Glas.)
6 Central.	Dr. F. D. M. LIVINGSTONE, B.A., M.B., B.Chir. (Cantab.). M.R.C.P. (Lond.), D.C.H. (Eng.), D.P.H.	Dr. MYRTLE V. RICHARDS, M.B., Ch.B. (Edin.), D.C.H. Dr. KATHERINE SCOTT, M.B. Ch.B. (Glas.). Dr. D. SUTCLIFFE WILLIAMS, L.R.C.P. and S. (Edin.), L.R.F.P. and S. (Glas.).
7 Southern.	Dr. J. B. BRAMWELL, M.A., M.B., B.Ch. (C'tab.), D.P.H.	Dr. ELIZABETH THOMAS, M.B., B.Ch., B.A.O. (Belf.), D.P.H. Dr. W. M. WALKER, M.C., M.B., B.Ch., B.A.O. (Belf.).

Senior Dental Officer.
H. J. BASTOW, L.D.S. (Birm.). (from 8/4/53).

Assistant Dental Officers.
Eastern (Area 3) ... ... P. VIGANTS, D.D.D. (Univ. Latvia).
North Western (Area 4) ... ... W. DOUGLAS, L.D.S. (St. Andrew's).

There are in addition, a number of part-time Dental Officers, and whole-time and part-time Dental Attendants.

County Sanitary Inspector.
F. H. LEGGAT, F.R.San.I., A.M.I.S.E., M.S.I.A.

Assistant County Sanitary Inspector.
K. L. SPENCE, Cert.R.S.I.

County Analyst :
F. G. D. CHALMERS, M.A., B.Sc., F.R.I.C.

County Ambulance Officer :
C. L. JONES.

Superintendent Nursing Officer :
Miss B. SHENTON, M.B.E., S.R.N., S.C.M., H.V. Cert.

Supervisor of Midwives :
Miss D. M. KETTLE, S.R.N., S.C.M.

Social Worker :
Miss J. A. SUTCLIFFE, S.R.N., H.V. Cert.

Statistical Officer.
Miss M. E. BROWN, B.A. (Oxon.)

Chief Clerk :
L. J. ALLEN.

NURSING STAFF employed in the following services.

Area.	*District Nursing.*	*District Nursing and Midwifery combined.*	*District Nursing, Midwifery and Health Visiting combined.*	*Health Visiting.*	*Midwifery.*
1. Sutton Coldfield. *Area Nursing Officer.* Gibson, Miss M. F.	Glover, Miss S.	Baum, Miss D. E. Britland, Miss K. Caddel, Miss J. B. Cottingham, Mrs. L. M. Hiscox, Miss E. M. Jones, Miss B. L. Whitmore, Miss L. E. Williams, Miss B.		Forrester, Miss A. Green, Miss V. F. Kirk, Miss E. O'Riordan, Miss E. Shotton, Miss I.	
2. North Eastern. *Area Nursing Officer.* Foster, Miss M. I.	Ainsworth, Miss J. Hickey, Miss B. O'Donnell, Miss V.	Blackmore, Miss P. Cameron, Miss S. Fulluck, Miss I. Harding, Mrs. A. Harvey, Mrs. E. M. Mallinson, Miss K. Pedley, Miss M. E.	Hedges, Miss M. Leach, Miss A. Nightingale, Miss F.	Armstrong, Miss M. Bramble, Miss B. Bush, Miss E. Davies, Miss K. N. Dilcock, Miss O. Fife, Miss E. Flynn, Miss K. T. Hallsworth, Miss M. A. Lane, Mrs. F.M. Malcolm, Mrs. C. Mason, Miss D. M. Paddon, Miss D. Schofield, Miss E. Boff, Mrs. L. W. (School Nurse).	Bourne, Mrs. D. Crossan, Miss N. C. Harvey, Miss W. E. Stacey, Mrs. L. Taylor, Mrs. S. A. Wallbank, Mrs. S. M.
3. Eastern. *Area Nursing Officer.* Lloyd, Miss E. M.	Merrick, Miss D. M. Wynn-Jones, Mrs. E.	Boden, Mrs. C. Brady, Miss R. A. Carter, Miss M. J. Hall, Miss E. Mansergh, Miss C. Meredith, Miss E. Metcalfe, Miss D. Robson, Mrs. M. Slater, Miss H.	Roberts, Miss E. A. Nyilassy, Miss J. Welham, Miss A.	Boddy, Miss J. H. Evans, Miss D. M. Jaques, Miss B. Martin, Miss J. E. Mason, Miss E. M. McIlwaine, Miss M. Waite, Miss J. D.	
4. North Western. *Area Nursing Officer.* Beeston, Miss V. E.		Alexander, Miss J. Ankrett, Mrs. M. Connolly, Miss M. Davis, Mrs. R. Dutfield, Miss D. Fitzgerald, Mrs. D. Gardner, Miss H. Harper, Miss R. Hartwell, Miss B. Hopkins, Miss L. W. Kelly, Mrs. A. P. MacLennan, Mrs. G. M. Pritchard, Miss K. M. Wade, Miss B. Young, Mrs. C. E.	Shepherd, Miss J. Snape, Miss I.	Adams, Miss E. S. Cunningham, Miss A. M. Edwards, Miss B. Gooding, Mrs. C. Hall, Miss M. Humphries, Miss E. M. Oxford, Miss F. M. G.	
5. Solihull. *Area Nursing Officer.* Lamb, Miss E. J.		Hall, Mrs. B. L. Hall, Mrs. L. Hughes, Miss S. Jones, Miss C. Pilkington, Miss B. Wilson, Mrs. M. J.	Clarke, Miss D. M.	Atkinson, Miss M. G. Ball, Miss M. A. Grant, Miss A. Manton, Miss D. A. Morgan, Miss F. E. Smith, Mrs. I. F. Whiting, Mrs. V. M.	
6. Central. *Area Nursing Officer.* Normington, Miss L. A.	Faber, Mrs. O. Warr, Mrs. B. Wilkinson, Mrs. H. M.	Anstiss, Miss D. Ayres, Mrs. M. Baily, Miss P. Bigley, Miss P. Coakley, Miss E. Hartshorne, Miss M. Hillman, Miss E. A. Mares, Miss M. Marshall, Miss E. Payne, Miss A. Reynolds, Mrs. M. Stachowiak, Mrs. E. C. Tompkins, Miss M. I. Veel, Mrs. E. Worthington, Miss M.		Baylis, Miss K. M. Brown, Mrs. G. O. Corbally, Miss M. Dalton, Mrs. H. M. Davie, Miss M. C. Dunlop, Miss A. Godley, Miss M. Griffiths, Miss M. Hughes, Mrs. E. Malarkey, Miss S. Priestley, Mrs. S. P. Rushforth, Miss M. Wilcox, Miss L. M. Wyton, Miss M.	Lewis, Miss D. G.
7. Southern. *Area Nursing Officer.* Stansfeld, Miss D.	Turner, Miss W.	Buckly, Miss M. Gale, Miss R. Glew, Miss M. Harries, Miss E. Hunt, Mrs. E. Knight, Mrs. E. Moody, Miss C. Quinn, Mrs. G. Redshaw, Miss S. Rogers, Mrs. B. Sherwood, Mrs. P.	Anthony, Miss B. Chadwick, Miss D. Davies, Miss B. Kenyon, Miss J. Tait, Miss W.	Butterworth, Miss P. Darley, Miss I. M. Everitt, Mrs. A. M. Idle, Mrs. N. B. Instone, Mrs. S. P. James, Mrs. M. M.	Brown, Miss A.
Emergency Nurses (all areas). Baker, Miss E., D.N.M. Hufton, Miss M. J., H.V.					

Note.—The names of the staff are those employed whole-time in the County at 30th June, 1953. (Part-time and temporary nurses are Not Shown).

GENERAL STATISTICS.

TABLE 1.

WARWICKSHIRE—1952.

No.	Area, and County Districts.	Acres.	1. Population.		2. Live Births.		3. Stillbirths.		4. Deaths.		5. Tuberculosis, Pulmonary.		6. Tuberculosis, Other Forms.		7. Infant Mortality.		8. Maternal Mortality.	
			Mid-1951.	Mid-1952.	No.	Birth Rate (adjusted) (per 1000 population)	No.	Stillbirth Rate. (per 1000 total births)	No.	Death Rate. (adjusted) (per 1000 population)	No. of Deaths.	Death Rate. (per 1000 population)	No. of Deaths.	Death Rate. (per 1000 population)	Infant Deaths.	Death Rate. (per 1000 live births)	No. of Deaths.	Death Rate. (per 1000 total births)
1	**Sutton Coldfield.**																	
	Sutton Coldfield M.B.	13,978	47,790	48,180	639	13.12	9	13.88	504	9.83	6	0.12	1	0.02	14	21.90	—	—
2	**North-Eastern.**																	
	Nuneaton M.B. ...	11,757	54,120	54,340	857	15.44	22	25.03	541	11.54	8	0.14	3	0.05	37	43.17	—	—
	Bedworth U.D. ...	7,851	25,080	25,400	466	17.78	11	23.06	196	9.25	6	0.23	—	—	15	32.18	1	2.09
	Atherstone R.D. ...	21,945	23,580	23,660	392	16.72	6	15.07	258	11.99	6	0.25	2	0.08	15	38.26	—	—
	TOTALS ...	41,553	102,780	103,400	1,715	16.30	39	22.23	995	11.07	20	0.19	5	0.04	67	39.06	1	0.57
3	**Eastern.**																	
	Rugby M.B.	6,992	45,850	46,200	720	15.58	11	15.04	447	10.15	11	0.23	1	0.02	16	22.22	1	1.36
	Rugby R.D.	80,631	20,830	21,220	344	17.02	6	17.14	173	9.12	1	0.04	—	—	9	26.16	—	—
	TOTALS ...	87,623	66,680	67,420	1,064	16.03	17	15.72	620	9.81	12	0.17	1	0.01	25	23.49	1	0.92
4	**North-Western.**																	
	Meriden R.D.	61,775	37,950	37,790	586	16.27	17	28.19	315	9.74	5	0.13	1	0.02	19	32.42	—	—
	Tamworth R.D. ...	22,042	16,040	16,020	267	16.32	4	14.76	161	10.64	2	0.12	—	—	10	37.45	—	—
	TOTALS ...	83,817	53,990	53,810	853	16.27	21	24.02	476	10.07	7	0.13	1	0.01	29	33.99	—	—
5	**Solihull.**																	
	Solihull U.D.	20,189	67,980	68,420	897	12.19	13	14.28	600	9.81	8	0.11	1	0.01	26	28.98	—	—
6	**Central.**																	
	Leamington Spa M.B....	2,833	36,520	36,730	601	15.70	9	14.75	461	11.29	4	0.10	—	—	13	21.63	1	1.63
	Warwick M.B. ...	5,057	15,550	15,510	270	18.09	7	25.27	166	10.37	1	0.06	1	0.06	6	22.22	—	—
	Kenilworth U.D. ...	5,967	10,610	10,710	177	16.02	4	22.09	144	13.44	2	0.18	—	—	3	16.95	—	—
	Southam R.D. ...	62,527	12,700	12,550	202	18.18	6	28.84	121	9.06	1	0.07	—	—	3	14.85	—	—
	Warwick R.D. ...	55,407	19,940	19,350	299	14.98	3	9.93	159	8.78	1	0.05	—	—	8	26.75	—	—
	TOTALS ...	131,791	95,320	94,850	1,549	16.30	29	18.37	1051	10.56	9	0.09	1	0.01	33	21.30	1	0.63
7	**Southern.**																	
	Stratf'd-upon-Avon M.B.	6,900	14,700	14,610	232	15.88	2	8.54	185	10.76	—	—	—	—	2	8.61	—	—
	Alcester R.D.	37,524	13,260	13,270	231	17.74	4	17.02	155	10.51	2	0.15	1	0.07	4	17.31	—	—
	Shipston-on-Stour R.D.	53,339	8,110	7,770	137	19.04	2	14,38	104	10.03	2	0.25	—	—	3	21.89	—	—
	Stratford-on-Avon R.D.	81,996	20,390	21,270	357	18.29	6	16.52	225	10.14	3	0.14	—	—	11	30.81	—	—
	TOTALS ...	179,759	56,460	56,920	957	17.63	14	14.41	669	10.36	7	0.12	1	0.01	20	20.89	—	—
	COUNTY TOTALS ...	558,710	491,000	493,000	7,674	15.56	142	18.16	4915	10.35	69	0.14	11	0.02	214	27.88	3	0.38

TABLE 2. STATISTICAL REVIEW, 1922-1952.

Year.	Birth Rate.	Death Rate.	Pulmonary Tuberculosis Death Rate	Cancer Death Rate	Infant Mortality.	Still-births per 1,000 total births.	Maternal Mortality per 1,000 live births
1922.	21.16	11.04	0.68	1.03	60	—	5.01
1923.	19.75	10.29	0.66	1.11	60	—	2.80
1924.	18.76	10.98	0.69	1.25	60	—	4.30
1925.	18.46	11.15	0.70	1.31	62	—	5.00
1926.	17.52	10.52	0.65	1.38	54	—	3.30
1927.	17.30	11.25	0.64	1.36	66	—	2.90
1928.	16.83	10.13	0.55	1.33	55	—	4.59
1929.	16.29	12.70	0.70	1.30	60	—	4.20
1930.	16.63	10.82	0.51	1.43	49	42	4.50
1931.	15.69	11.06	0.51	1.42	55	35	4.30
1932.	15.38	11.52	0.49	1.47	55	35	3.70
1933.	13.71	11.42	0.52	1.53	54	35	5.20
1934.	14.31	10.71	0.42	1.43	48	34	4.97
1935.	13.44	9.60	0.45	1.45	47	40	3.68
1936.	15.08	10.56	0.42	1.51	52	33	5.21
1937.	15.32	11.25	0.41	1.57	50	35	3.17
1938.	16.63	10.17	0.47	1.45	48	30	2.87
1939.	16.18	10.19	0.43	1.54	45	32	2.26
1940.	15.83	12.69	0.50	1.51	51	35	2.82
1941.	15.94	11.69	0.43	1.55	53	33	2.99
1942.	17.38	10.26	0.41	1.55	39	32	2.14
1943.	18.98	10.62	0.41	1.55	42	28	2.70
1944.	20.88	10.64	0.42	1.66	35	25	1.50
1945.	18.95	10.45	0.40	1.57	42	25	1.56
1946.	19.64	10.61	0.42	1.67	40	22	1.46
1947.	20.77	10.68	0.38	1.64	34	20	0.83
1948.	18.24	9.62	0.39	1.67	31	20	1.50
1949.	17.22	10.78	0.30	1.65	29	19	0.85
1950.	15.72	10.48	0.24	1.55	27	19	0.39
1951.	15.84	11.55	0.21	1.67	28	23	0.50
1952.	15.56	10.35	0.14	1.78	28	18	0.38

TABLE 3. MORTALITY STATISTICS.

Cause of Death.	*Age Group.*						*Total* 1952	*Total* 1951	*Total* 1950	*Total* 1949	*Total* 1948
	Under 1	1 —	5 —	15 —	45 —	65 —					
Heart and Circulatory Diseases	—	—	1	41	333	1,425	1,800	1,908	1,731	1,694	1,468
Malignant Neoplasms ...	—	—	3	50	324	505	882	824	762	789	793
Vascular lesions of Nervous System ...	—	—	—	26	144	556	726	729	646	637	518
Influenza	—	—	—	1	1	9	11	186	46	69	18
Pneumonia	20	7	1	7	28	127	190	253	228	271	199
Bronchitis	1	1	—	5	41	125	173	277	242	245	186
Violent Deaths	11	12	8	75	44	81	231	251	220	201	222
Respiratory Tuberculosis	—	—	—	24	26	19	69	103	122	146	186
Non-Respiratory Tuberculosis	—	3	2	2	3	1	11	23	27	31	31
Nephritis and Nephrosis	—	—	1	15	16	18	50	50	65	120	93
Congenital Malformations	49	2	—	4	5	3	63	45	44	802	856
All other diseases ...	133	13	14	62	125	362	709	860	793		
Totals 1952	214	38	30	312	1,090	3,231	4,915				
,, 1951	219	49	34	319	1,156	3,732		5,509			
,, 1950	207	45	38	334	1,086	3,216			4,926		
,, 1949	237	47	40	368	1,131	3,182				5,005	
,, 1948	272	50	54	405	1,027	2,762					4,570

TABLE 4. LIVE BIRTHS AND INFANT DEATHS.

	Males.	*Females.*	*Total.*	*Birth Rate.*	*Deaths of Infants under 1 Year.*	*Infant Mortality Rate.*
LIVE BIRTHS :—						
Legitimate	3,772	3,541	7,313	14.83	200	27.34
Illegitimate	183	178	361	0.73	14	38.78
TOTALS	3,955	3,719	7,674	15.56	214	27.88

TABLE 5. STILLBIRTHS.

	Males.	*Females.*	*Total Stillbirths.*	*Stillbirth Rate.*
STILLBIRTHS :—				
Legitimate	83	50	133	17.81
Illegitimate	8	1	9	27.02
TOTALS ...	91	51	142	18.16

TABLE 6. PREMATURE BIRTH RATES AND PERCENTAGE SURVIVAL.

(From Birth Notifications).

		1951	1952
Total notified births (live and still, adjusted)		7,827	7,792
Premature Live Births.	Number notified	483	497
	Rate per 1,000 total Notified Births	61	64
	Number of Deaths (up to 28 days)	81	86
	Percentage survival (up to 28 days)	83	83
Premature Stillbirths	Number Notified	69	63
	Rate per 1,000 total Notified births	9	8

TABLE 7. **PREMATURE BIRTHS, 1952.**

Single Births.

Weight Group.	*Number of Premature Births.*		*Number of Days of Survival of those Dying in the First Four Weeks of Life.*			*Number Surviving.*	*% Survival of Live Births.*
	Born Dead.	*Born Alive.*	*Died 1st Day.*	*Died 2—7 Days.*	*Died 8—28 Days.*		
2lbs. 3ozs. or less	6	19	15	4	—	—	—
Over 2lbs. 3ozs. up to 3lbs. 4ozs.	16	29	10	8	2	9	31
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	8	53	7	3	1	42	79
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	11	76	2	2	1	71	93
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	10	214	8	4	1	201	94
TOTALS ...	51	391	42	21	5	323	83

TABLE 8. **Twin Births.**

Weight Group.	*Number of Premature Births.*		*Number of Days of Survival of those Dying in the First Four Weeks of Life.*			*Number Surviving.*	*% Survival of Live Births.*
	Born Dead.	*Born Alive.*	*Died 1st Day.*	*Died 2—7 Days.*	*Died 8—28 Days.*		
2lbs. 3ozs. or less	2	6	6	—	—	—	—
Over 2lbs. 3ozs. up to 3lbs. 4ozs.	4	8	2	2	—	4	50
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	4	25	—	2	—	23	92
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	1	18	—	3	—	15	83
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	1	49	1	2	—	46	94
TOTAL ...	12	106	9	9	—	88	83

TABLE 9. TOTAL PREMATURE BIRTHS SINGLE AND TWIN.

Total notified births 7,792.

Weight Group.	*Number of Premature Births.*		*Number of Days of Survival of those Dying in the First Four Weeks of Life.*			*Number Surviving.*	*% Survival of Live Births. 1952.*	*% Survival of Live Births. 1951.*
	Born Dead.	*Born Alive.*	*Died 1st Day.*	*Died 2—7 Days.*	*Died 8—28 Days.*			
2lbs. 3ozs. or less	8	25	21	4	—	—	—	—
Over 2lbs. 3ozs. up to 3lbs. 4ozs.	20	37	12	10	2	13	35	32
Over 3lbs. 4ozs. and up to 4lbs. 6ozs.	12	78	7	5	1	65	83	80
Over 4lbs. 6ozs. and up to 4lbs. 15ozs.	12	94	2	5	1	86	92	90
Over 4lbs. 15ozs. and up to 5lbs. 8ozs.	11	263	9	6	1	247	94	93
TOTALS ...	63	497	51	30	5	411	83	83

TABLE 10. STILLBIRTHS AND INFANT MORTALITY.

Area and County Districts.	*Stillbirths.*		*Neo-natal deaths.*		*Total infant deaths.*		*Stillbirth Rate per 1,000 total births.*		*Neo-natal mortality per 1,000 live births.*		*Total Infant mortality per 1,000 live births.*	
	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951
1. Sutton Coldfield M.B. ...	9	8	12	10	14	10	13.9	12.2	18.8	15.4	21.9	15.4
2. Nuneaton M.B. ...	22	20	25	16	37	22	25.0	21.3	29.2	17.4	43.2	24.0
Bedworth U.D.	11	16	10	15	15	26	23.1	33.2	21.4	32.2	32.2	55.8
Atherstone R.D.	6	5	9	8	15	14	15.1	12.4	22.9	20.1	38.3	35.3
TOTALS ...	39	41	44	39	67	62	22.2	22.5	25.6	21.9	39.1	34.8
3. Rugby M.B.	11	19	11	13	16	18	15.0	26.6	15.3	18.7	22.2	25.9
Rugby R.D.	6	9	8	6	9	8	17.1	27.4	23.2	18.8	26.2	25.1
TOTALS ...	17	28	19	19	25	26	15.7	26.9	17.8	18.7	23.5	25.7
4. Meriden R.D.	17	19	13	12	19	20	28.2	31.2	22.2	20.3	32.4	33.9
Tamworth R.D.	4	6	8	6	10	12	14.8	22.0	30.0	22.5	37.4	44.9
TOTALS ...	21	25	21	18	29	32	24.0	28.3	24.6	21.0	34.0	37.3
5. Solihull U.D.	13	23	20	22	26	29	14.3	22.7	22.3	22.2	29.0	29.3
6. Leamington Spa M.B. ...	9	16	10	9	13	14	14.7	27.2	16.6	15.8	21.6	24.5
Warwick M.B.	7	11	6	2	6	3	25.3	44.7	22.2	8.5	22.2	12.8
Kenilworth U.D. ...	4	2	1	6	3	7	22.1	11.6	5.6	35.3	16.9	41.2
Southam R.D.	6	4	3	5	3	6	28.8	17.4	14.8	22.1	14.8	26.5
Warwick R.D.	3	8	7	5	8	6	9.9	32.5	23.4	21.0	26.7	25.2
TOTALS ...	29	41	27	27	33	36	18.4	27.7	17.4	18.8	21.3	25.0
7. Stratford-upon-Avon M.B.	2	7	2	4	2	5	8.5	26.0	8.6	15.3	8.6	19.1
Alcester R.D.	4	7	1	5	4	5	17.0	31.1	4.3	22.9	17.3	22.9
Shipston-on-Stour R.D. ...	2	2	1	1	3	2	14.4	14.2	7.3	7.2	21.9	14.4
Stratford-on-Avon R.D....	6	3	7	11	11	12	16.5	8.3	19.6	30.8	30.8	33.6
TOTALS ...	14	19	11	21	20	24	14.4	19.1	11.5	21.5	20.9	24.6
COUNTY TOTALS ...	142	185	154	156	214	219	18.2	23.4	20.1	20.2	27.9	28.4

TABLE 11. CAUSES OF STILLBIRTH 1951 AND 1952.

Analysis of midwives reports on stillbirths occurring in the County to County women.

Cause.	*% of total still-births attributable to cause.* 1952	1951
Congenital malformations	17.5	18.3
Haemolytic disease	5.8	3.5
Toxaemia of pregnancy and accidental A.P.H.	17.5	15.5
Conditions of cord and placenta	8.4	14.8
Difficulties in labour	15.8	13.4
Chronic ill-health of mother	1.7	2.8
No cause discovered	33.4	31.7
TOTAL	100.0	100.0
Number of reports received	120	142
Number of registered stillbirths	142	185
Stillbirth rate	18.2	23.4

TABLE 12. CAUSES OF NEO-NATAL DEATHS, 1952, 1951 and 1950.

Cause of death.	*With prematurity.* 1952	1951	1950	*Without prematurity.* 1952	1951	1950	*Total.* 1952	1951	1950
Prematurity	47	53	31	—	—	—	47	53	31
Asphyxia, Atelectasis ...	15	18	17	6	17	10	21	35	27
Congenital malformations :									
Alone	3	4	2	29	13	19	32	17	21
With Asphyxia ...	—	—	—	1	6	2	1	6	2
With Pneumonia ...	—	—	—	3	3	1	3	3	1
Totals	3	4	2	33	22	22	36	26	24
Birth injury	12	6	6	14	9	10	26	15	16
Haemolytic Disease ...	—	1	—	6	6	12	6	7	12
Bronchitis and Pneumonia	4	3	2	6	5	8	10	8	10
Misadventure	—	—	1	—	3	3	—	3	4
Other	2	4	2	6	5	8	8	9	10
TOTALS ...	83	89	61	71	67	73	154	156	134

TABLE 13. CAUSES OF DEATH OF INFANTS ONE MONTH TO ONE YEAR 1952, 1951 and 1950.

Cause of Death.	*With bronchitis or pneumonia.* 1952	1951	1950	*Without bronchitis or pneumonia.* 1952	1951	1950	*Total.* 1952	1951	1950
Bronchitis and Pneumonia	8	24	19	—	—	—	8	24	19
Congenital Malformation ...	9	8	6	13	9	11	22	17	17
Gastro Enteritis	1	2	—	9	3	11	10	5	11
Whooping Cough	—	2	1	—	1	1	—	3	2
Tuberculous Diseases ...	—	—	—	—	1	2	—	1	2
Misadventure	—	—	—	8	7	4	8	7	4
Central Nervous System infections	—	—	—	1	2	6	1	2	6
Other	3	1	2	8	3	10	11	4	12
TOTALS ...	21	37	28	39	26	45	60	63	73

TABLE 14. AVERAGE RATES IN COUNTY DISTRICTS FOR THE FIVE YEARS 1948-1952 INCLUSIVE.

Live births.		*County district.*	*Stillbirths.*		*Infant Deaths.*		*Neo-natal mortality rate.*	*Mortality rate one month to one year.*	*Peri-natal mortality rate.*
No.	*Rate.*		*No.*	*Rate.*	*No.*	*Rate.*			
3,338	14.1†	Sutton Coldfield M.B. ...	54	15.9	66	19.8†	17.6	2.2†	33.5
4,750	17.6*	Nuneaton M.B.	121	25.0*	150	31.6	20.1	11.5	45.1*
2,269	18.2*	Bedworth U.D.	57	24.4	94	41.4*	26.4*	15.0*	50.8*
2,065	16.7	Atherstone R.D.	36	16.9	66	31.9	20.0	11.9	36.9
3,716	16.2	Rugby M.B.	68	18.1	87	23.4	15.7	7.7	33.8
1,680	17.4	Rugby R.D.	40	22.9	51	30.4	20.8	9.6	43.7
3,172	17.8*	Meriden R.D.	81	25.0*	113	35.6*	23.2	12.4	48.2*
1,379	17.1	Tamworth R.D.	28	19.7	37	26.8	17.8	9.0	37.5
5,144	14.7†	Solihull U.D.	92	17.4	138	26.8	19.2	7.6	36.6
3,062	16.5	Leamington M.B. ...	65	20.9	87	28.4	19.2	9.2	40.1
1,271	16.9	Warwick M.B.	30	23.2	25	19.7	16.3	3.4	39.5
903	17.1	Kenilworth U.D. ...	16	16.1	25	27.6	17.6	10.0	33.7
1,101	18.9*	Southam R.D.	24	21.5	29	26.3	17.6	8.7	39.1
1,357	13.5†	Warwick R.D.	24	17.6	47	34.6	25.2	9.4	43.8
1,228	16.8	Stratford-on-Avon M.B. ...	22	17.6	31	25.3	16.5	8.8	37.1
1,119	17.2	Alcester R.D.	24	21.0	29	25.9	19.6	6.3	40.6
694	18.1	Shipston-on-Stour R.D. ...	10	14.0	16	23.1	8.8	14.3	22.8
1,699	17.9*	Stratford-on-Avon R.D. ...	23	13.5	58	34.1	21.6	12.5	35.1
39,947	16.5	All County	815	20.0	1,149	28.7	19.4	9.3	39.4

* Significantly higher than the average for the whole County.
† Significantly lower than the average for the whole County.

TABLE 15. CAUSES OF NEO-NATAL DEATHS 1950, 1951 and 1952.

Cause.	*% of total deaths attributable to cause.*		
	Sutton Coldfield M.B.	*Nuneaton M.B. Bedworth U.D. Meriden R.D.*	*Rest of the County.*
Prematurity only	23	29	30
Asphyxia, Atelectasis	20	17	20
Congenital Malformations ...	7	22	20
Birth Injury	27	15	10
Other	23	17	20
TOTAL	100	100	100
Number of neo-natal deaths ...	30	132	282

TABLE 16. CAUSES OF INFANT DEATHS ONE MONTH TO ONE YEAR, 1950, 1951 and 1952.

Cause.	*% of total deaths attributable to cause.*		
	Sutton Coldfield.	*Nuneaton M.B. Bedworth U.D. Meriden R.D.*	*Rest of the County.*
Bronchitis and pneumonia ...	—	27	26
Congenital malformations ...	33	32	26
Enteritis	—	13	14
Misadventure	—	7	10
Other	67	21	24
TOTAL	100	100	100
Number of deaths 1 month to 1 year	3	68	125

TABLE 17. DEATHS OF CHILDREN AGED 1 TO 5 YEARS, 1952.

Cause of Death.	*Male.*	*Female.*
Tuberculosis (non-respiratory)	1	2
Pneumonia	2	5
Bronchitis	1	—
Measles	—	1
Gastro-enteritis	1	1
Acute poliomyelitis	—	1
Meningococcal infection	—	1
Congenital malformations	1	1
Bronchicctasis	—	1
Bronchiectasis and fibrocystic disease of pancreas	1	—
Broncho-pneumonia and fibrocystic disease of pancreas	2	—
Appendicitis	2	—
Acute peritonitis	1	—
Abnormal sensitivity to penicillin ...	1	—
Accidents :—		
Motor vehicle	2	1
Drowning	6	—
Poisoning	2	—
Burns	1	—
TOTAL ...	24	14

CHILD WELFARE CENTRES.

Area No.	Area.	Centre.	* C. or V.	Where held.	When held (all meetings at 2 p.m. unless otherwise stated)	Medical Officer.	New Cases—Age at first attendance.		Number on Register at end of year.		No. of Attendances. 1952	No. of attendances, 1951
							Under 1 year.	Over 1 and under 5 yrs.	Under 1 year.	Over 1 and under 5 yrs.		
1	SUTTON COLDFIELD	Boldmere	C.	Britwell Hall,	Every Wednesday Alt. Weds. (Toddlers) 10 a.m.	Dr. D. I. Buckby Dr. E. M. Stockwin	111	23	82	224	2,444	2,483
		Four Oaks	C.	All Saints' Ch. Hall	Every Tuesday	Dr. E. M. Stockwin	57	17	43	111	779	1,121
		Minworth	C.	The Green	Alternate Wed's	Dr. E. M. Stockwin	23	9	18	60	388	537
		Bannersgate	C.	Bannersgate Rd.	Every Friday Alt. Fri's (Toddlers) 10 a.m.	Dr. D. I. Buckby Dr. E. M. Stockwin	55	12	47	168	1,583	1,739
		Sutton Coldfield	C.	49, Holland Street	Every Monday	Dr. D. I. Buckby	80	31	83	177	1,759	2,110
		Walmley	C.	Walmley Road	Every Thursday	Dr. D. I. Buckby	88	40	65	262	1,629	1,822
2	NORTH-EASTERN.	Ansley	C.	Church Hall	Every Wednesday	Asst. M.O.	73	19	56	116	2,027	1,685
		Atherstone	V.	Church Hall	Every Wednesday	Dr. C. V. Spark	105	32	78	141	1,913	1,690
		Baddesley Ensor	C.	Church Hall	Alternate Fridays	Asst. M.O.	22	18	28	64	650	290
		Bedworth	V.	Saunders Avenue	Every Monday and Thursday	Dr. M. Steane	215	43	213	305	4,701	4,876
		Bulkington	V.	Council Offices	Every Wednesday	Dr. M. Steane	50	4	45	89	1,365	1,421
		Dordon	V.	Village Hall	Alternate Mondays	Dr. A. Lindsay	43	—	38	70	938	1,000
		Nuneaton	C.	Riversley Park Clinic, Coton Road	Every Monday, Tuesday and Wednesday	Dr. Stephens Dr. Sloan	374	114	290	620	6,868	6,186
		Polesworth	V.	Parish Hall	Alternate Tuesdays	Dr. C. A. Cowie	44	4	43	73	1,198	1,244
		Stockingford	C.	Cross Street Clinic	Every Monday and Wednesday	Dr. G. K. Coote	138	19	121	277	3,065	3,817
3	EASTERN.	Bilton	V.	Church House	1st & 3rd Wed,	Dr. A. H. M. Young	64	10	54	87	822	924
		Binley	C.	Village Hall	2nd & 4th Wed.	Dr. A. H. M. Young	33	4	30	45	392	347
		Brinklow	V.	Church Room	1st & 3rd. Wed.	Dr. A. D. Surtees	25	2	21	86	598	729
		†Clifton-on-Dunsmore	C.	Townsend Memorial Hall	2nd Thursday	Dr. A. D. Surtees	11	14	14	27	180	—
		Dunchurch	C.	W.I. Hall	2nd & 4th Thursday	Dr. A. H. M. Young	22	2	21	54	390	499
		Hillmorton	C.	Dorothy Fenwick Memorial Hall	2nd & 4th Monday	Dr. A. H. M. Young	40	5	35	60	553	484
		Long Lawford	V.	Church Hall, Chapel St.	1st & 3rd Tuesday	Dr. A. D. Surtees	31	9	21	61	458	477
		Newbold	C.	Church Rooms.	1st & 3rd Tuesday	Dr. A. H. M. Young	33	7	29	56	529	587
		New Bilton	C.	Wesleyan Chapel, Lawford Road	Every Wednesday	Dr. A. D. Surtees	85	5	68	116	1,257	1,448
		Rugby	V.	F.A.P. Temple St.	Every Tuesday Every Friday	Dr. A. D. Surtees	237	16	218	258	4,114	4,327
		Stretton-on-Dunsmore	C.	Village Hall	1st & 3rd Thursday	Dr. A. D. Surtees	47	3	47	70	642	568
		Wolston	C.	Oddfellows Hall	2nd & 4th Thursday	Dr. A. D. Surtees	12	3	13	32	196	159
		Wolvey	C.	Village Hall, Sharpe St.	2nd & 4th Tuesday	Dr. A. H. M. Young	47	13	41	78	742	611
4	NORTH-WESTERN	Amington	V.	The Band Room	Alternate Wednesdays	Dr. M. Thomson	41	13	33	80	1,161	867
		Arley	V.	Miners' Welfare Hall	Alternate Tuesdays	Dr. M. Thomson	74	16	59	88	1,157	1,007
		Balsall Common	C.	Women's Institute	3rd Wednesday	Dr. W. D. McFarland	10	4	18	27	272	174
		Berkswell	C.	Reading Room	Every 4th Tuesday	Dr. J. Gaston	75	76	33	126	498	228
		Castle Bromwich	V.	Victory Hall	Every Tuesday	Dr. W. D. McFarland	143	37	107	168	999	1,129
		Coleshill	V.	Town Hall	Every Monday	Dr. W. D. McFarland	38	27	24	49	570	994
		Fillongley	C.	Village Hall	First Friday	Dr. M. Thomson	9	—	7	—	182	195
		Hampton-in-Arden	C.	Girls Old School, High St.	1st & 3rd Thursdays	Dr. W. D. McFarland	13	4	37	12	373	400
		Keresley	V.	Welfare Centre Hut	Every Thursday	Dr. M. Thomson	77	22	62	188	2,224	2,385
		Kingsbury	V.	Methodist School Room	Alternate Tuesdays	Dr. M. Thomson	58	17	45	68	961	664
		Marston Green	C.	Free Church Hall	1st & 3rd Fris. (10 a.m.)	Dr. W. D. McFarland	28	—	26	44	640	479
		Meriden	C.	Village Hall	Alternate Mondays	Dr. W. D. McFarland	28	3	34	35	706	495
		Nether Whitacre	C.	Methodist School Room	3rd Friday	Dr. M. Thomson	11	—	14	13	89	110
		Newton Regis	V.	The Institute	Alternate Wednesdays	Dr. M. Thomson	16	2	13	33	491	402
		Water Orton	V.	Church Hall	Alternate Wednesdays	Dr. W. D. McFarland	30	8	25	50	470	573
		Wilnecote	V.	Parish Hall	Alternate Mondays	Dr. J. V. L. Grant	39	7	33	73	945	1,056
5	SOLIHULL.	Hockley Heath	C.	The Institute	Alternate Tuesdays	Dr. E. A. Galbraith	16	1	11	32	273	337
		Knowle	V.	Women's Institute, Station Road	1st & 3rd Thursdays	Dr. M. E. Rowe Dr. R. T. Bower	68	28	50	146	1,096	955
		Olton	C.	Congregational Church Room	Every Thursday	Dr. J. Henderson and Dr. E. Thompson	151	18	98	206	2,403	2,236
		Sheldon	C.	Wagon Lane	Every Tuesday and Friday		178	19	158	248	2,789	2,599
		Shirley	V.	The Institute, Church Rd.	Every Tuesday and Wednesday		274	76	201	406	5,007	4,625
		Solihull	V.	Out-Patients' Dept., Solihull Hospital	Every Monday		99	15	84	220	2,177	1,964
6	CENTRAL	Barford	C.	Village Hall	3rd Wednesday, 10—12 noon	Dr. K. Scott	12	5	8	36	251	199
		Bishops Itchington	V.	Memorial Hall	2nd & 4th Wednesdays	Dr. D. S. Williams	34	4	30	71	723	697
		†Burton Green	V.	Village Hall	2nd Wednesday	Dr. M. V. Richards	4	—	13	6	19	—
		Cubbington	V.	Methodist Sunday School	Alternate Tuesdays	Dr. P. Whitfield	21	4	17	66	635	613
		†Fenny Compton	V.	Village Hall	2nd Tuesday	Dr. D. S. Williams	18	30	19	34	105	—
		Kenilworth	V.	Parochial Hall	Every Friday	Dr. M. V. Richards	115	9	102	137	2,064	1,539
		Lapworth	C.	The Café	4th Tuesday, 10—12 noon	Dr. M. V. Richards	21	3	15	23	121	115
		Leamington Spa	C.	4, Holly Walk	Every Wednesday and Friday	Dr. K. Scott	366	72	281	493	5,737	5,214
		Lillington	C.	Men's Club	Every Thursday	Dr. M. V. Richards	77	31	62	162	1,717	1,537
		Long Itchington	C.	Village Hall	4th Monday	Dr. D. S. Williams	14	2	11	42	207	269
		Napton	V.	The Victory Hut	Alternate Tuesdays	Dr. D. S. Williams	14	8	12	46	346	361
		Southam	V.	C.W.C. Hut	Alternate Tuesdays	Dr. K. Scott	26	3	21	55	668	586
		Stockton	C.	Village Hall	4th Monday	Dr. D. S. Williams	17	2	18	29	260	198
		Stoneleigh	C.	The Institute	Alternate Mondays	Dr. M. V. Richards	23	4	23	49	374	404
		Warwick	V.	Lakin Road	Every Wednesday and Friday	Dr. P. Whitfield	210	22	168	343	3,957	3,760
		†Warwick	V.	Catholic Club, West Street	Every Tuesday	Dr. M. V. Richards	54	5	97	57	970	—
		Whitnash	C.	W.I. Hut	Alternate Fridays	Dr. D. F. L. Croft	33	4	31	63	566	601
		Wroxall	C.	The School	1st Wednesday, 10—12 noon	Dr. K. Scott	24	1	22	24	242	143
7	SOUTHERN.	Alcester	V.	Baptist School	Alternate Fridays	Dr. E. S. Thomas	44	1	34	57	688	502
		Bearley	C.	Women's Institute	2nd & 4th Monday	Dr. W. Walker	27	14	26	38	362	235
		Bidford-on-Avon	V.	Welfare Hut	Every Tuesday	Dr. W. Walker	42	1	38	79	1,312	1,057
		Earlswood	V.	Village Hall	2nd & 4th Mondays	Dr. G. W. Phillips	37	4	26	44	548	351
		Henley-in-Arden	V.	Public Hall	Alternate Mondays	Dr. W. Walker	30	2	29	89	928	918
		Kineton	V.	The Village Hall	Alternate Fridays	Dr. W. Walker	46	11	29	122	940	984
		Lower Brailes	C.	Church Institute	3rd Thursday, 10 a.m.	Dr. W. Walker	7	—	7	41	177	307
		Shipston-on-Stour	V.	The Hostel	1st & 3rd Tuesdays	Dr. W. Walker	37	15	32	104	907	1,157
		Stratford-upon-Avon	C.	Health Dept., Arden Street	Every Tuesday and Wednesday	Dr. E. S. Thomas	203	34	168	298	3,222	3,651
		Studley	V.	Baptist Hall	Alternate Thursdays	Dr. W. Walker	48	—	47	81	896	1,065
		Tanworth-in-Arden	C.	Muntz Memorial Hall	1st Wednesday	Dr. E. A. Galbraith	11	5	8	34	243	185
		Welford-on-Avon	C.	Memorial Hall	4th Wed'day, 10 a.m.	Dr. W. Walker	13	1	7	39	249	191
		Wellesbourne	C.	Conservative Club	3rd Thursday	Dr. W. Walker	40	—	41	44	349	233
		Whitchurch	C.	The Hut	4th Wednesday	Dr. W. Walker	6	5	9	34	170	178
							5,315	1,173	4,485	8,939	97,636	94,306

* C ... County.
V ... Voluntary.

† Centres opened in 1952.

TABLE 18.

MIDWIFERY.

Number of Midwives Practising at the end of each Year 1948-1952.

Year.	*Domiciliary.*		*Institutional.*	
	Employed by the County Council.	*In private practice.*	*Employed by the Hospital Management Committees.*	*Employed by Nursing Homes.*
1952	93	9	105	10
1951	95	13	100	9
1950	93	13	93	11
1949	92	17	114	19

Number of Cases Attended each Year 1948-1952.

Year.	*Domiciliary.*		*Institutional.*	
	As midwives.	*As maternity nurses.*	*As midwives.*	*As maternity nurses.*
1952	1,897	360	6,579	1,836
1951	2,166	386	5.018	2,668
1950	2,314	481	5,892	1,000
1949	2,691	560	5,600	1,191

Number of Notified Births during 1952 in each Area.
(adjusted for inward and outward transfers).

Area.	*Adjusted number of notified births.*	% *Domiciliary.*	% *Institutional.*
Sutton Coldfield ...	635	22	78
North Eastern ...	1,725	51	49
Eastern	1,030	25	75
North Western ...	846	48	52
Solihull	974	21	79
Central	1,605	25	75
Southern	977	29	71
Total 1952 ...	7,792	33	67
,, 1951 ...	7,827	33	67
,, 1950 ...	7,847	36	64

HOME NURSING.

14 nurses were employed full-time and 93 part-time on home nursing in the County at the end of 1952 ; the majority of the nurses employed part-time combined home nursing with midwifery. 9,314 cases were attended during the year and a total of 215,066 visits were paid. The amount of home nursing has steadily increased during the past few years.

HEALTH VISITING.

At the end of 1952 the County employed 57 Health Visitors who combined health visiting with school nursing, and 10 who combined health visiting with school nursing, district nursing and midwifery. The following is a summary of visits made by them during the year :—

	First Visits.	*Total Visits.*
Ante-natal	1,033	2,510
Children under 1 year	7,528	48,132
Children 1-5 years	708	65,755
Tuberculosis	754	6,127
Geriatric	253	1,287
Home Help	387	1,912
School Nursing :		
Personal hygiene follow-up ...		2,114
Other follow-up		4,741
Other		5,099
Total		137,677

SCHEME FOR THE CARE OF THE ILLEGITIMATE CHILD AND ITS MOTHER.

TABLE 19. New Cases Referred in Year ended 31st December, 1952.
(The 1951 figures are given in brackets).

Source of Reference.	*Number of cases referred.*			
	Requiring ante-natal or post-natal accommodation, help and advice.	*Requiring help and advice only.*	*Not requiring help.*	*Total.*
Moral Welfare Societies	16 (21)	10 (11)	1 (—)	27 (32)
Medical Officers, Nurses and Midwives	28 (29)	41 (44)	51 (64)	120 (137)
General Practitioners	23 (21)	15 (11)	— (1)	38 (33)
Probation Officers	7 (6)	4 (2)	— (—)	11 (8)
Hospital Almoners and Matrons ...	10 (5)	17 (4)	— (2)	27 (11)
Self-referred	18 (17)	18 (26)	— (—)	36 (43)
Miscellaneous Sources	6 (4)	6 (2)	1 (—)	13 (6)
Totals	108 (103)	111 (100)	53 (67)	272 (270)
Age distribution :				
17 and under	15 (12)	13 (12)	1 (2)	29 (26)
18, 19, 20	26 (32)	20 (20)	9 (7)	55 (59)
21 to 25	37 (30)	30 (28)	15 (16)	82 (74)
26 to 30	16 (18)	19 (15)	10 (14)	45 (47)
31 to 40	12 (10)	17 (19)	10 (17)	39 (46)
41 to 50	2 (1)	2 (2)	— (3)	4 (6)
Unknown	— (—)	10 (4)	8 (8)	18 (12)

The marital state of these women was as follows :—

Single	209	(204)
Married	9	(15)
Widowed	6	(11)
Divorced	6	(14)
Separated	42	(25)
Not known	—	(1)

Of the 209 (204) single women 52 (42) had previously borne children [77 (52) babies].

TABLE 20.

ANTE-NATAL AND POST-NATAL CLINICS.

Clinic.	Ante-natal or Post-natal.	When held.	Medical Officer.	Ante-natal.		Post-natal.	
				No. of women who attended during 1952.	No. of attendances.	No. of women who attended during 1952.	No. of attendances.
1. SUTTON COLDFIELD.							
49, Holland Street ...	A.N. & P.N.	Alt. Tuesdays 10 a.m.	Dr. E. M. STOCKWIN	19	52	2	5
*Church Hall, Four Oaks	A.N. & P.N.	Every Tuesday 2 p.m.	Dr. E. M. STOCKWIN	16	32	—	—
Britwell Hall, Boldmere	A.N. & P.N.	Alt. Wednesdays 10 a.m.	Dr. E. M. STOCKWIN	31	111	4	9
*The Green, Minworth	A.N. & P.N.	Alt. Wednesdays 2 p.m.	Dr. E. M. STOCKWIN	2	2	1	1
Bannersgate Clinic ...	A.N. & P.N.	Alt. Fridays a.m.	Dr. E. M. STOCKWIN	22	90	5	5
*Walmley Clinic ...	A.N. & P.N.	Every Thursday 2 p.m.	Dr. D. I. BUCKBY	9	13	—	—
2. NORTH EASTERN.							
Child Welfare Centre, Bedworth.	A.N. & P.N.	Every Tuesday 10 a.m.	Dr. D. W. HENDRY	320	1,183	73	94
Riversley Park Clinic, Nuneaton.	A.N. & P.N.	2nd & 4th Thursdays and 5th Mondays 2 p.m.	Dr. D. W. HENDRY	128	419	18	22
Cross St., Stockingford	A.N. & P.N.	1st & 3rd Thursdays 2 p.m.	Dr. D. W. HENDRY	118	322	24	35
3. EASTERN.							
Temple St., Rugby ...	A.N.	Every Wednesday 2 p.m.	Dr. J. R. OWEN	136	496	—	—
	P.N.	3rd Thursday 2 p.m.		—	—	30	33
4. NORTH WESTERN.							
Welfare Centre Hut, Keresley.	A.N. & P.N.	1st Wednesday 10 a.m.	Dr. M. THOMSON	37	112	1	1
			TOTALS 1952 ...	838	2,832	158	205
			TOTALS 1951 (for these Clinics)	814	2,856	149	174

* Combined with Child Welfare Centres.

TABLE 21. DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1952.

AREA.	*Expectant and Nursing Mothers.*				*Pre-school Children.*			
	Examined.	*Needing Treatment.*	*Treated.* *	*Made Dentally fit.**	*Examined.*	*Needing Treatment.*	*Treated.* *	*Made Dentally fit.**
Sutton Coldfield	3	3	3	2	70	58	64	53
North Eastern ...	41	31	18	11	197	173	169	132
Eastern	2	2	2	—	21	20	18	15
North Western ...	—	—	—	—	—	—	—	—
Solihull ...	—	—	—	—	—	—	—	—
Central	21	10	9	2	54	51	54	55
Southern ...	—	—	—	—	119	33	29	29
Total, 1952	67	46	32	15	461	335	334	284
1951 ...	102	86	61	35	405	329	348	285
1950 ...	48	85	47	15	347	285	294	189
1949 ...	42	42	37	19	218	186	156	156
1948 ...	2	2	2	2	37	37	37	37

* Including cases carried over from previous year.

TABLE 22. FORMS OF DENTAL TREATMENT PROVIDED.

Number of	*To Expectant and Nursing Mothers.*	*To Pre-School Children.*
Extractions	75	506
Teeth filled	23	174
General Anaesthetics	13	200
Dentures—Complete	8	—
—Partial	2	—
Other treatments	30	175

REGISTRATION OF NURSING AND MATERNITY HOMES.

TABLE 23. NURSING AND MATERNITY HOMES ON REGISTER, 31st DECEMBER, 1952.

Area.	*Home.*	*No. of Beds.*		
		Maternity.	*Other.*	*Total.*
1. Sutton Coldfield.	" Woodleigh " 315, Birmingham Roads Wylde Green.	—	14	14
	" Highfield " Boldmere Road, Sutton Coldfield.	8	3	11
5. Solihull.	"Francis Way" Bentley Heath, Knowle.	30	—	30
	" Moville " 667, Haslucks Green Road, Shirley.	—	5	5
6. Central.	" Moorlands," Warwick Road, Kenilworth.	4	6	10
	" River Park," Blackdown, Leamington Spa.	10	14	24
	" Priors " 51, Lillington Road, Leamington Spa.	6	7	13
	" Breton Lodge," Holly Walk, Leamington Spa.	5	5	10
	" Priory Lodge,' Priory Terrace, Leamington Spa.	2	3	5
	" Grasmere," Avenue Road, Leamington Spa.	5	4	9
	" Eversleigh " 2, Clarendon Place, Leamington Spa.	4	13	17
	" Levens " 1, Warwick New Road, Leamington Spa.	—	12	12
7. Southern.	Avon Cottage, Ryon Hill, Stratford-on-Avon.	2	—	2
	"Beatrice Stevens," Kinwarton Road, Alcester.	2	—	2
1952 Number of Homes 14	Number of Beds ...	78	86	164
1951 ,, ,, ,, 14	,, ,, ,, ...	74	92	166
1950 ,, ,, ,, 14	,, ,, ,, ...	70	85	155
1949 ,, ,, ,, 19	,, ,, ,, ...	106	81	187

DIPHTHERIA IMMUNISATION.

TABLE 24. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1952.

Area.	*Number of children who completed a full course of Primary Immunisation.*				*Number of children given Reinforcing Injection.*
	Age at Final Injection.				
	Under 1.	1—5	5—14	*Total.*	
Sutton Coldfield ...	358	164	12	534	772
North Eastern ...	584	538	424	1,546	1,535
Eastern	428	312	47	787	673
North Western ...	329	304	45	678	665
Solihull	417	303	32	752	881
Central	498	435	136	1,069	1,468
Southern	516	365	108	989	1,537
1952 Totals ...	3,130	2,421	804	6,355	7,531
1951 Totals ...	6,464		937	7,401	7,063
1950 Totals ...	3,839		602	4,441	4,502
1949 Totals ...	5,456		883	6,339	5,002
1948 Totals ...	5,988		1,047	7,035	3,276

TABLE 25.—NUMBER OF CHILDREN WHO HAVE BEEN IMMUNISED AT ANY TIME BEFORE 31st DECEMBER, 1952.

Age at 31st Dec., 1952.	*Number of children immunised.*								*Approx. % of all children.*
	Area.							*County Totals.*	
	1	2	3	4	5	6	7		
14	281	1,164	595	578	644	739	273	4,274	69
13	291	945	555	634	664	872	296	4,257	69
12	301	1,148	497	613	674	768	256	4,257	68
11	287	1,097	665	607	708	574	292	4,230	62
10	304	1,107	726	687	675	745	315	4,559	60
9	331	1,137	848	813	780	951	330	5,190	64
8	343	1,316	803	943	959	963	375	5,702	64
7	275	1,044	534	788	793	939	477	4,850	60
6	333	1,090	717	732	857	992	250	4,971	57
5	543	1,111	830	822	946	1,098	596	5,946	62
4	537	1,193	738	801	867	1,112	715	5,963	68
3	425	993	774	652	717	853	763	5,177	62
2	420	920	739	593	634	875	713	4,894	65
1	471	836	576	449	572	677	701	4,282	57
Under 1	29	68	83	44	33	115	111	483	6
All ages under 15	5,171	15,169	9,680	9,756	10,523	12,273	6,463	69,035	59
Est. total pop. under 15 mid-1952	10,461	26,179	15,317	14,003	17,215	20,930	12,295	116,400	—
Percentage Immunised	49	58	63	70	61	59	53	59	—

TABLE 26. WHOOPING COUGH IMMUNISATION.

Primary Immunisations completed during 1952.

Area.	*Children born in*				*Total.*
	1952	1951	1948-1950	1938-1947.	
Sutton Coldfield ...	15	168	21	—	204
North Eastern	48	199	116	—	363
Eastern	42	141	43	8	234
North Western	44	85	19	4	152
Solihull	4	107	47	38	196
Central	70	119	42	14	245
Southern	16	33	27	11	87
TOTAL ...	239	852	315	75	1,481

TABLE 27. SMALLPOX VACCINATION.

Age at Date of Vaccination. Area.	NUMBER OF PERSONS VACCINATED DURING YEAR.							
	1952.				Total 1952	Total 1951	Total 1950	Tota 194
	Under 1	1—4	5—14	15 or over.				
Sutton Coldfield ...	312	29	17	18	376	519	357	380
North Eastern ...	148	21	32	38	239	296	192	98
Eastern	333	38	10	47	428	539	258	254
North Western ...	284	46	14	21	365	313	210	211
Solihull	449	42	26	50	567	684	574	268
Central	514	45	25	32	616	632	520	385
Southern	335	24	26	96	481	423	334	214
Totals 1952 ...	2,375	245	150	302	3,072			
Totals 1951 ...	2,445	364	156	441		3,406		
Totals 1950 ...	1,925		212	308			2,445	
Totals 1949 ...	1,581		97	132				1,810

TABLE 28. SMALLPOX RE-VACCINATION.

Age at Date of Re-Vaccination. Area.	NUMBER OF PERSONS RE-VACCINATED DURING YEAR.							
	1952.				Total 1952	Total 1951	Total 1950	Tota 1949
	Under 1	1—4	5—14	15 or over				
Sutton Coldfield ...	—	7	7	114	128	115	140	71
North Eastern ...	—	—	2	27	29	63	80	4
Eastern	—	6	44	117	167	72	99	87
North Western ...	—	—	1	34	35	127	82	46
Solihull	—	2	11	107	120	143	91	67
Central	—	4	10	117	131	143	137	94
Southern	—	3	17	110	130	211	142	57
Totals 1952 ...	—	22	92	626	740			
Totals 1951 ...	—	21	73	780		874		
Totals 1950 ...	—	22	82	667			771	
Totals 1949 ...	—	33	46	347				426

BLE 29. **NOTIFICATION OF INFECTIOUS DISEASES.**—Summary of Returns of Medical Officers of Health for the year ended 31st December, 1952.

For notification of Tuberculosis see Table 32.

Area, and County Districts.	Estimated Population Mid-1952.	Small Pox. 1	Chicken-Pox. 2	Diphtheria 3	Scarlet Fever. 4	Measles (excluding German Measles). 5	Whooping Cough. 6	Erysipelas. 7	Cerebro-Spinal Fever. 8	Acute Polio-myelitis. 9	Acute Polio-encephalitis. 10	Encephalitis Lethargica. 11	Pneumonia. 12	Puerperal Pyrexia. 13	Ophthalmia Neonatorum. 14	Malaria.		Enteric Fever (Typhoid) 17	Paratyphoid 18	Dysentery. 19	Food Poisoning. 20	Meningococcal Infection. 21
																Stated to be contracted in this Country. 15	Other Cases. 16					
SUTTON COLDFIELD.																						
Sutton Coldfield M.B.	48,180	—	—	—	83	677	106	13	—	3	—	—	40	8	—	—	—	—	—	12	4	1
NORTH-EASTERN.																						
Nuneaton M.B. ...	54,340	—	—	—	272	442	70	5	—	1	—	1	47	2	—	—	—	—	—	1	—	7
Bedworth U.D. ...	25,400	—	—	—	107	206	26	6	—	—	—	—	18	—	—	—	—	—	—	—	4	3
Atherstone R.D. ...	23,660	—	—	—	81	120	5	2	—	—	—	—	16	—	—	—	—	—	—	1	6	3
Totals	103,400	—	—	—	460	768	101	13	—	1	—	1	81	2	—	—	—	—	—	2	10	13
. EASTERN.																						
Rugby M.B. ...	46,200	—	—	—	22	225	110	12	1	—	—	—	28	1	2	—	—	—	—	4	9	2
Rugby R.D. ...	21,220	—	—	—	22	180	21	—	—	1	—	—	7	2	—	—	—	—	—	2	—	—
Totals	67,420	—	—	—	44	405	131	12	1	1	—	—	35	3	2	—	—	—	—	6	9	2
. NORTH-WESTERN.																						
Meriden R.D.	37,790	—	—	—	52	599	111	4	—	2	—	—	63	28	2	—	—	—	—	37	15	2
Tamworth R.D. ...	16,020	—	—	—	27	155	34	3	—	2	—	—	13	—	—	—	—	—	2	1	8	1
Totals	53,810	—	—	—	79	754	145	7	—	4	—	—	76	28	2	—	—	—	2	38	23	3
. SOLIHULL.																						
Solihull U.D. ...	68,420	—	—	—	83	379	374	8	—	3	—	—	73	19	3	—	—	—	—	2	7	1
. CENTRAL.																						
Leamington Spa M.B.	36,730	—	—	—	46	107	40	2	—	1	—	—	11	35	—	—	—	—	—	—	—	—
Warwick M.B. ...	15,510	—	—	—	7	61	68	3	—	3	—	—	3	11	—	—	—	—	—	—	—	2
Kenilworth U.D. ...	10,710	—	—	—	10	15	10	2	—	—	—	—	10	—	—	—	—	—	—	—	—	—
Southam R.D. ...	12,550	—	—	—	3	67	9	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—
Warwick R.D. ...	19,350	—	—	—	27	119	47	4	—	—	—	—	17	—	2	—	—	—	—	9	50	1
Totals	94,850	—	—	—	93	369	174	11	—	5	—	—	44	46	2	—	—	—	—	9	50	3
'. SOUTHERN.																						
S'ford upon-Avon M.B.	14,610	—	—	—	1	43	7	—	—	—	—	—	14	22	—	—	—	—	—	—	—	—
Alcester R.D. ...	13,270	—	—	—	2	153	163	1	—	—	—	—	28	2	2	—	—	—	—	—	—	1
Shipston-on Stour R.D.	7,770	—	—	—	12	22	38	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—
S'ford-on-Avon R.D.	21,270	—	—	—	14	195	42	—	—	3	—	—	10	1	—	—	—	—	—	—	—	—
Totals	56,920	—	—	—	29	413	250	1	—	3	—	—	56	25	2	—	—	—	—	—	—	1
COUNTY TOTALS ...	493,000	—	—	—	871	3765	1281	65	1	20	—	1	305	131	11	—	—	—	2	69	103	24
1951 ...	491,000	—	35	10	413	6437	1703	43	—	37	1	—	707	96	5	—	—	1	3	167	56	10
1950 ...	488,580	—	54	14	629	5347	1578	61	—	133	2	2	450	32	9	—	—	3	2	51	42	12
1949 ...	484,760	—	18	20	684	2988	1235	77	12	60	4	—	420	29	15	—	—	—	8	167	35	—
1948 ...	474,670	—	14	96	983	4344	1119	105	10	17	1	—	403	34	18	—	1	4	1	110	—	—

TABLE 30. NUMBER OF DEATHS FROM INFECTIOUS DISEASES, 1942-52.

DISEASE.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.
Diphtheria	15	1	9	6	3	3	12	1	1	3	—
Scarlet Fever ...	2	4	2	1	1	—	—	—	—	—	—
Measles	1	6	4	12	3	4	3	2	—	3	1
Whooping cough ...	3	13	7	12	5	10	2	5	4	7	—
Poliomyelitis and Encephalitis.	2	2	—	1	4	10	4	7	13	—	2
Pneumonia	210	251	217	204	219	273	199	271	228	253	190
Tuberculosis (Pulmonary).	187	184	188	175	192	179	186	146	122	103	69
Tuberculosis (Other forms).	34	41	47	40	39	36	31	31	27	23	11

TABLE 31. POLIOMYELITIS, 1952 and 1951.

(1951 figures in brackets.)

Area.	PARALYTIC.							NON-PARALYTIC.			
	Age in years.							*Age in years.*			
	0—4	5—14	15 *and over.*	*Total.*	*Died.*	*Some residual paralysis.*	*No residual paralysis.*	0—4	5—14	15 *and over.*	*Tl.*
1. Sutton Coldfield.	— (—)	— (1)	1 (1)	1 (2)	— (—)	— (2)	1 (—)	— (—)	1 (2)	1 (—)	2
2. North Eastern.	— (3)	— (2)	1 (—)	1 (5)	— (—)	1 (3)	— (2)	— (2)	— (2)	— (4)	—
3. Eastern.	— (—)	— (—)	1 (—)	1 (—)	— (—)	1 (—)	— (—)	— (—)	— (1)	— (1)	—
4. North Western.	1 (—)	2 (—)	— (—)	3 (—)	1 (—)	2 (—)	— (—)	— (3)	1 (6)	— (—)	1
5. Solihull.	— (—)	3 (1)	— (—)	3 (1)	— (—)	3 (1)	— (—)	— (—)	— (1)	— (—)	—
6. Central	— (—)	1 (1)	1 (1)	2 (2)	— (—)	2 (2)	— (—)	1 (1)	— (2)	2*(1)	3
7. Southern	— (—)	3 (—)	— (1)	3 (1)	— (—)	1 (—)	2 (1)	— (—)	— (—)	— (—)	—
TOTALS ...	1 (3)	9 (5)	4 (3)	14 (11)	1 (—)	10 (8)	3 (3)	1 (6)	2 (14)	3 (6)	6

* 1 died.

TUBERCULOSIS STAFF AND CLINICS.

These clinics are the responsibility of the Regional Hospital Board. The County Council pays a proportion of the salaries of the Chest Physicians, and the Health Department's Health Visitors attend at the clinics.

Area.	*Chest Physicians.*	*Assistant Chest Physicians.*	*Chest Clinics.*
1. Sutton Coldfield. 2. North Eastern. 3. Eastern. 4. North-Western.	Dr. A. O. BECH.	Dr. E. M. CALVEY.* Dr. W. E. ZUNDEL.* Dr. R. B. ILLING.*	School Clinic, Sutton Coldfield (schoo children only). 1.—Riversley Park, Nuneaton. 2.—5. Market Street, Atherstone. Board Room, St. Luke's Hospital, Rug First Aid Post, Coleshill. †
5. Solihull. 6. Central. 7. Southern.	Dr. P. G. ARBLASTER.	Dr. L. E. BURKEMAN.	1, Lode Lane, Solihull. Warneford Hospital, Leamington Spa. Health Department, Arden Street, Strat ford-on-Avon.

* These officers are placed against the clinics in which they mainly work.

Dr. BECH is also responsible for Coventry County Borough.

Dr. I. E. JAMES and Dr. L. G. MACLACHLAN work entirely in the Coventry Chest Clinic, but the County Council pays a small proportion of their salaries as they see Warwickshire patients.

† This Clinic will probably be opened in 1953.

TABLE 32.

TUBERCULOSIS, 1952.

Area.	County Districts.	Primary Notifications.								Other Notifications.								No. of Definite Cases on Clinic Register at the end of 1952.								Deaths.								Mortality. Rates.		
		Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.				Other Forms.						
		M.	F.	Ch.	Total.	M.	F.	Ch.	Total	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total	Pulmonary.	Other forms.	Total
1 Sutton Coldfield.	Sutton Coldfield M.B.	17	4	3	24	1	2	4	7	2	6	—	8	—	1	—	1	74	55	15	144	9	15	12	36	3	3	—	6	—	—	1	1	0.12	0.02	0.14
2 North-Eastern	Nuneaton M.B. ...	39	31	17	87	2	5	10	17	2	2	1	5	—	—	—	—	217	201	76	494	17	22	40	79	3	5	—	8	—	—	3	3	0.14	0.05	0.20
	Bedworth U.D. ...	18	13	7	38	1	3	1	5	1	—	—	1	—	—	—	—	83	90	34	207	11	24	11	46	5	1	—	6	—	—	—	—	0.23	—	0.23
	Atherstone R.D. ...	11	9	1	21	2	2	7	11	1	3	—	4	1	—	1	2	82	53	11	146	9	16	22	47	3	3	—	6	1	—	1	2	0.25	0.08	0.33
	Totals ...	68	53	25	146	5	10	18	33	4	5	1	10	1	—	1	2	382	344	121	847	37	62	73	172	11	9	—	20	1	—	4	5	0.19	0.04	0.24
3. Eastern.	Rugby M.B.	51	19	6	76	1	1	3	5	8	4	—	12	2	—	—	2	216	152	32	400	28	28	20	76	8	3	—	11	1	—	—	1	0.23	0.02	0.25
	Rugby R.D.	14	5	2	21	1	1	3	5	2	1	—	3	1	—	—	1	58	34	11	103	15	8	12	35	1	—	—	1	—	—	—	—	0.04	—	0.04
	Totals ...	65	24	8	97	2	2	6	10	10	5	—	15	3	—	—	3	274	186	43	503	43	36	32	111	9	3	—	12	1	—	—	1	0.17	0.01	0.19
4. North-Western.	Meriden R.D.	14	10	7	31	1	3	6	10	9	7	3	19	—	—	—	—	79	69	15	163	14	13	25	52	4	1	—	5	1	—	—	1	0.13	0.02	0.15
	Tamworth R.D. ...	7	1	—	8	—	—	1	1	1	1	—	2	—	—	—	—	31	13	3	47	9	6	10	25	2	—	—	2	—	—	—	—	0.12	—	0.12
	Totals ...	21	11	7	39	1	3	7	11	10	8	3	21	—	—	—	—	110	82	18	210	23	19	35	77	6	1	—	7	1	—	—	1	0.13	0.01	0.14
5. Solihull.	Solihull U.D.	15	16	5	36	—	—	2	2	3	7	—	10	—	—	—	—	121	92	25	238	5	6	11	22	7	1	—	8	—	1	—	1	0.11	0.01	0.13
6. Central.	Leamington Spa M.B....	11	17	5	33	1	4	4	9	4	1	—	5	—	1	1	2	85	58	12	155	5	5	13	23	3	1	—	4	—	—	—	—	0.10	—	0.10
	Warwick M.B. ...	12	8	2	22	1	—	4	5	1	2	—	3	—	—	—	—	55	38	10	103	6	3	3	12	1	—	—	1	—	1	—	1	0.06	0.06	0.12
	Kenilworth U.D. ...	4	7	1	12	—	—	—	—	—	—	—	—	—	1	—	1	16	17	2	35	5	1	1	7	1	1	—	2	—	—	—	—	0.18	—	0.18
	Southam R.D. ...	3	4	—	7	1	—	—	1	—	1	—	1	—	—	—	—	24	26	2	52	10	5	6	21	—	1	—	1	—	—	—	—	0.07	—	0.07
	Warwick R.D. ...	5	7	3	15	1	1	3	5	—	1	—	1	—	—	—	—	55	35	12	102	3	5	18	26	1	—	—	1	—	—	—	—	0.05	—	0.05
	Totals ...	35	43	11	89	4	5	11	20	5	5	—	10	—	2	1	3	235	174	38	447	29	19	41	89	6	3	—	9	—	1	—	1	0.09	0.01	0.10
7. Southern.	S'tford-upon-Avon M.B.	1	3	—	4	1	1	1	3	1	2	—	3	—	1	—	1	15	18	6	39	3	2	4	9	—	—	—	—	—	—	—	—	—	—	—
	Alcester R.D.	8	4	—	12	—	1	4	5	2	2	—	4	—	—	—	—	32	13	2	47	2	3	11	16	1	1	—	2	1	—	—	1	0.15	0.07	0.22
	Shipston-on-Stour R.D.	1	1	1	3	—	—	3	3	2	1	—	3	—	—	—	—	12	9	2	23	3	2	7	12	1	1	—	2	—	—	—	—	0.25	—	0.25
	Stratford-on-Avon R.D.	6	2	2	10	—	2	4	6	3	3	1	7	—	1	—	1	38	21	6	65	6	4	5	15	2	1	—	3	—	—	—	—	0.14	—	0.14
	Totals ...	16	10	3	29	1	4	12	17	8	8	1	17	—	2	—	2	97	61	16	174	14	11	27	52	4	3	—	7	1	—	—	1	0.12	0.01	0.14
	COUNTY TOTALS ...	237	161	62	460	14	26	60	100	42	44	5	91	4	5	2	11	1293	994	276	2563	160	168	231	559	46	23	—	69	4	2	5	11	0.14	0.02	0.16
	TOTALS FOR 1951...	210	144	64	418	13	21	41	75	36	30	3	69	4	3	2	9	1236	898	274	2408	175	168	236	579	66	35	2	103	10	6	7	23	0.21	0.04	0.25
	TOTALS FOR 1950 ...	191	158	58	407	19	24	47	90	35	20	6	61	5	—	1	6	1127	763	245	2135	151	151	218	520	84	37	1	122	10	8	9	27	0.24	0.05	0.30

TABLE 33.

NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1951 and 1952.

CLASSIFICATION OF STAGE OF DISEASE.

	Males.								*Females.*							
	Early.		*Inter.*		*Late.*		*Total classified.*	*Total unclassified.*	*Early.*		*Inter.*		*Late.*		*Total classified.*	*Total unclassified.*
	T.B.—	*T.B.+*	*T.B.—*	*T.B.+*	*T.B.—*	*T.B+*			*T.B.—*	*T.B.+*	*T.B.—*	*T.B.+*	*T.B.—*	*T.B.+*		
Under 15 ...	18 (20)	— (—)	4 (1)	1 (1)	— (—)	2 (—)	25 (22)	1 (6)	28 (21)	— (1)	3 (2)	— (1)	— (1)	— (—)	31 (26)	5 (10)
15 to 24 ...	24 (26)	1 (5)	13 (7)	18 (10)	1 (3)	1 (6)	58 (57)	6 (5)	21 (20)	3 (5)	6 (10)	13 (6)	2 (2)	4 (3)	49 (46)	2 (16)
25 to 34 ...	20 (11)	2 (4)	11 (6)	21 (12)	— (3)	— (4)	54 (40)	2 (6)	18 (12)	2 (2)	11 (9)	18 (12)	2 (3)	4 (8)	55 (46)	— (5)
35 to 44 ...	9 (6)	1 (5)	6 (5)	12 (6)	3 (3)	7 (9)	38 (34)	6 (8)	7 (3)	2 (—)	1 (5)	12 (4)	— (—)	3 (—)	25 (12)	4 (7)
45 to 54 ...	5 (4)	1 (8)	10 (5)	9 (15)	— (1)	9 (16)	34 (49)	2 (11)	7 (1)	1 (—)	2 (2)	4 (2)	— (1)	5 (—)	19 (6)	2 (6)
55 to 64 ...	—	—	2	15	—	4	21	1	—	—	—	1	—	1	2	—
65 and over	2	—	2	4	2	5	15	—	—	—	1	—	—	—	1	2
Total ...	78 (67)	5 (22)	48 (24)	80 (44)	6 (10)	28 (35)	245 (202)	18 (36)	81 (57)	8 (8)	24 (28)	48 (25)	4 (7)	17 (11)	182 (136)	15 (44)

TABLE 34.

DEATHS FROM RESPIRATORY TUBERCULOSIS, 1952.

	Males.								*Females.*							
	Not notified.	*Year of Notification.*						*Total.*	*Not notified.*	*Year of Notification.*						*Total.*
		1952	1951	1950	1949	1948	*Before* 1948			1952	1951	1950	1949	1948	*Before* 1948	
Under 15 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 to 24 ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
25 to 34 ...	—	—	—	—	1	—	1	2	1	2	1	1	—	—	—	5
35 to 44 ...	2	4	2	—	—	—	2	10	—	—	—	2	1	1	2	6
45 to 54 ...	2	1	2	—	1	—	4	10	—	1	—	—	—	—	1	2
55 to 64 ...	2	1	3	1	1	—	2	10	1	—	2	1	—	—	—	4
65 and over	1	4	2	3	1	—	3	14	3	1	—	—	—	—	1	5
TOTAL ...	7	10	9	4	4	—	12	46	5	4	3	5	1	1	4	23

TABLE 35.

MASS RADIOGRAPHY SURVEYS IN WARWICKSHIRE *

1952.

Location of Survey.	*Sex.*	*Number of Miniature Examinations Divided into Ministry of Health Age Groups.*							*Resulting Notified Cases of Pulmonary Tuberculosis Divided into Age Groups.*						
		14 *yrs. and under*	15 *to* 24 *yrs.*	25 *to* 34 *yrs.*	35 *to* 44 *yrs.*	45 *to* 60 *yrs.*	60 *and over.*	*Total.*	14 *yrs. and under.*	15 *to* 24 *yrs.*	25 *to* 34 *yrs.*	35 *to* 44 *yrs.*	45 *to* 60 *yrs.*	60 *and over.*	*Total.*
Polesworth and Amington Collieries, Nr. Tamworth.	M	—	183	229	219	354	83	1,068	—	—	—	1	—	—	1
	F	—	10	2	2	—	—	14	—	—	—	—	—	—	—
Nuneaton	M	580	513	458	378	169	82	2,180	1	1	—	—	2	—	4
	F	503	1,368	663	584	470	65	3,653	3	13	6	1	—	—	23
Rugby	M	246	373	498	348	318	79	1,862	—	5	5	3	6	1	20
	F	279	863	559	453	373	68	2,595	4	3	3	3	2	—	15
Sterling Metals, Ltd., Gypsy Lane, Nuneaton.	M	—	134	295	238	188	37	892	—	2	—	—	1	1	4
	F	—	41	36	18	14	2	111	—	—	—	—	—	—	—
Totals :	M	826	1,203	1,480	1,183	1,029	281	6,002	1	8	5	4	9	2	29
	F	782	2,282	1,260	1,057	857	135	6,373	7	16	9	4	2	—	38
TOTAL BOTH SEX :		1,608	3,485	2,740	2,240	1,886	416	12,375	8	24	14	8	11	2	67
Number of notified cases per 1,000 X-rayed.	M								1.2	6.7	3.4	3.4	8.8	7.1	4.8
	F								9.0	7.0	7.1	3.8	2.3	—	6.0

* Figures kindly supplied by Dr. Gordon Evans of the Mass Radiography Unit.

TABLE 36. NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS, 1952.

(Primary notifications and posthumous notifications).

ANALYSIS OF TYPE OF CASE.

	Male 1952.	*Female* 1952.	*Total.* 1952.	*Total.* 1951.
Cervical adenitis ...	21	29	50	27
Meningitis	3	6	9	8
Bone and joint ...	7	9	16	22
Abdomen	4	1	5	9
Genito-urinary ...	5	5	10	5
Miscellaneous ...	5	8	13	4
TOTAL ...	45	58	103	75

TABLE 37. TUBERCULOSIS.—Average Rates in County Districts for the five years 1948-1952 inclusive.

*Population Mid-*1952.	*County District.*	*Pulmonary tuberculosis.*				*Non-pulmonary tuberculosis.*	
		New notifications.		*Deaths.*		*New notifications.*	
		Total number.	*Rate per 1,000 pop. per year.*	*Total number.*	*Rate per 1,000 pop. per year.*	*Total number.*	*Rate pe 1,000 po per yea*
48,180	Sutton Coldfield M.B.	142	0.60†	48	0.20	29	0.12*
54,340	Nuneaton M.B. ...	405	1.50††	90	0.33*	64	0.24*
25,400	Bedworth U.D. ...	189	1.53††	46	0.37*	30	0.24
23,660	Atherstone R.D. ...	109	0.92†	39	0.33	29	0.24
46,200	Rugby M.B.	286	1.24††	74	0.32	33	0.14
21,220	Rugby R.D.	94	0.93†	27	0.28	22	0.22
37,790	Meriden R.D.	146	0.79	37	0.20	57	0.31*
16,020	Tamworth R.D. ...	42	0.53	17	0.21	22	0.28
68,420	Solihull U.D.	244	0.72	63	0.18*	29	0.09*
36,730	Leamington M.B. ...	127	0.70	63	0.34*	20	0.11*
15,510	Warwick M.B.	74	0.96†	31	0.40*	18	0.23
10,710	Kenilworth U.D. ...	34	0.65	7	0.13	7	0.13
12,550	Southam R.D.	45	0.71	15	0.24	14	0.22
19,350	Warwick R.D.	55	0.55†	13	0.13*	23	0.23
14,610	Stratford-on-Avon M.B.	43	0.59	12	0.16	9	0.12
13,270	Alcester R.D.	51	0.78	18	0.27	20	0.30*
7,770	Shipston-on-Stour R.D.	19	0.47	6	0.15	10	0.25
21,270	Stratford-on-Avon R D.	68	0.68	20	0.20	16	0.16
493,000	All County	2,173	0.89	626	0.26	452	0.19
367,060	County excluding Nuneaton, Bedworth, Rugby	1,293	0.72	—	—	—	—

†† Very significantly higher than the average for the whole County.

† Significantly higher or lower than the average for the County excluding Nuneaton M.B. Bedworth U.D. and Rugby M.B.

* Significantly higher or lower than the average for the whole County.

ABLE 38. TUBERCULOSIS CASES ASSISTED DURING 1952.

Area.	*Free Extra Rations.*				*Bedding, Clothing, etc.*			
	Men.	*Women.*	*Child-ren.*	*Total.*	*Men.*	*Women.*	*Child-ren.*	*Total.*
1. Sutton Coldfield ...	4	1	—	5	6	3	—	9
2. North Eastern ...	51	31	7	89	14	9	1	24
3. Eastern	25	4	2	31	7	—	—	7
4. North Western ...	15	6	2	23	5	2	—	7
5. Solihull	4	1	1	6	11	5	—	16
6. Central	16	10	1	27	12	4	—	16
7. Southern	24	15	2	41	7	4	2	13
TOTALS	139	68	15	222	62	27	3	92

CARE AND AFTER-CARE.

TABLE 39. LOAN SCHEME.

	Items issued in 1952.							*Total items issued in*					*Items still on loan 31st Dec. 1952*
	County Area Number.							1952	1951	1950	1949	1948 *from July 5th.*	
	1	2	3	4	5	6	7						
Beds and Bedding.													
Beds, Hospital and other types ...	2	10	6	3	3	12	4	40	44	27	15	3	63
Air Beds	—	—	—	—	—	—	—	—	1	—	2	—	1
Adult Cots	—	—	—	—	—	—	—	—	—	—	1	—	1
Dunlopillo Mattresses	1	16	25	1	8	15	5	71	34	12	2	—	51
Other type Mattresses	2	11	3	1	1	9	4	31	43	25	15	3	53
Pillows	2	10	5	2	6	2	3	30	40	41	38	3	72
Lumbar Pillows ...	—	—	—	—	—	—	—	—	—	1	—	—	1
Blankets	6	28	11	2	12	9	17	85	85	47	51	10	164
Sheets	4	28	12	4	28	16	23	115	116	90	66	16	244
Pillowcases	4	21	8	—	18	6	16	73	80	55	73	5	161
Plastic Pillowcases	—	—	—	—	—	—	—	—	—	6	—	—	6
Rubber Sheeting (yds.)	2	8	10	—	9	26	—	55	30	14	6	—	44
Bed Accessories.													
Back rests	2	10	13	4	2	20	5	56	36	9	4	2	49
Bed Pans	2	1	8	2	4	27	3	47	28	6	1	—	39
Bed Boards ...	—	—	4	—	—	4	4	12	5	4	2	—	8
Bed Blocks	—	—	—	—	—	2	—	2	2	—	—	—	2
Hot Water Bottles ...	—	—	—	—	—	—	—	—	2	—	—	1	2
Bed Tables	—	1	—	—	—	2	1	4	6	1	1	4	4
Urine Bottles ...	—	—	4	2	2	7	1	16	17	6	1	—	19
Bed Cradles	—	—	2	3	—	7	2	14	14	1	—	—	13
Lifting Poles ...	1	—	5	—	2	9	3	20	22	7	—	—	21
Draw Sheets ...	—	2	—	—	—	3	—	5	5	6	6	—	10
Orthopaedic Accessories.													
Spinal Carriages ...	—	—	—	—	—	—	—	—	6	2	—	—	1
Invalid Chairs ...	8	7	9	6	2	14	10	56	44	14	3	1	59
Crutches (pairs) ...	—	—	—	—	—	—	—	—	4	1	—	—	2
Miscellaneous.													
Air Rings	—	1	3	3	3	5	1	16	20	16	5	—	21
Dunlopillo Cushions	1	1	7	1	1	8	1	20	14	—	—	—	19
Commodes	1	1	1	1	—	10	2	16	5	2	—	—	10
Dressing pails ...	—	—	—	—	—	—	—	—	—	—	1	—	—
Fireguards	—	—	—	—	—	1	—	1	1	—	1	—	1
Electric Fires ...	—	—	—	—	—	—	—	—	—	1	—	—	1
Towels	—	—	—	—	—	—	—	—	6	13	2	10	16
Sand Bags	2	—	—	—	—	—	—	2	—	—	—	—	2

TABLE 40. NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES 1952.

Area.	*Men.*		*Women.*		*Pre-School Children.*		*Total.*	
	No. of Cases.	*Total Weeks.*	*No. of Cases.*	*Total. Weeks.*	*No. of Cases*	*Total Weeks.*	*No. of Cases.*	*Total Weeks.*
1. Sutton Coldfield ...	4	8	3	8	1	4	8	20
2. North Eastern ...	14	48	20	65	2	16	36	129
3. Eastern	6	19	10	35	—	—	16	54
4. North Western ...	5	22	12	29	1	4	18	55
5. Solihull	4	8	9	21	1	4	14	33
6. Central	3	7	16	44	4	32	23	83
7. Southern	2	10	7	16	—	—	9	26
Totals 1952	38	122	77	218	9	60	124	400
1951	32	89	68	174	6	21	106	284
1950	31	97	84	284	19	133	134	514
1949	30	86	67	204	14	64	111	354
Average stay in weeks								
1952	3.2		2.8		6.6		3.2	
1951	2.7		2.5		3.5		2.6	
1950	3.1		3.4		6.0		3.8	
1949	2.9		3.0		4.6		3.2	

TABLE 41. DOMESTIC HELPS.

			Area.							*County Total.*
			Sutton Cold-field	*North Eastern*	*Eastern*	*North Western*	*Solihull*	*Central*	*Southern*	
Domestic Helps employed at 31st Dec.	Whole-time	1949	4	6	2	1	2	1	1	17
		1950	7	4	4	—	2	—	8	25
		1951	3	1	1	—	1	—	6	12
		1952	3	—	1	—	1	—	5	10
	Part-time	1949	10	10	15	7	9	7	6	64
		1950	16	11	22	8	13	32	20	122
		1951	17	31	17	13	9	41	28	156
		1952	24	39	18	10	18	44	26	179
Cases attended	Maternity	1950	108	13	51	10	86	43	25	336
		1951	109	4	37	17	83	20	40	310
		1952	84	16	21	28	69	29	17	264
	T.B.	1950	2	3	7	3	4	5	10	34
		1951	1	1	7	2	—	5	5	21
		1952	—	10	1	2	7	10	6	36
	Others	1950	159	29	92	12	120	75	44	531
		1951	156	45	96	27	75	124	79	602
		1952	180	84	87	36	94	127	80	688
	Total Cases	1949*	224	41	143	17	85	29	13	552
		1950	269	45	150	25	210	123	79	901
		1951	266	50	140	46	158	149	124	933
		1952	264	110	109	66	170	166	103	988

* 1949 cases were not classified.

VENEREAL DISEASES.

TABLE 42. New Cases dealt with at Clinics during the Year ended 31st December, 1952.

Clinic.	*Syphilis.*		*Gonorrhoea.*		*Total V.D.*		*Not Venereal Disease.*	
	M.	F.	M.	F.	M.	F.	M.	F.
Warneford Hospital	4	7	11	—	15	7	36	32
Coventry and Warwickshire Hospital	4	6	11	4	15	10	40	22
General Hospital, Birmingham ...	10	3	16	5	26	8	78	27
Hospital of St. Cross, Rugby ...	1	9	3	3	4	12	27	10
Nuneaton V.D. Clinic	3	7	13	1	16	8	56	8
Totals 1952	22	32	54	13	76	45	237	99
Totals for year 1951	24	30	65	21	89	51	268	85
1950	56	42	68	14	124	56	308	108
1949	49	49	110	18	161	67	283	113
1948	64	55	121	34	185	89	291	91

TABLE 43.

NEW CLAIMS FOR NATIONAL INSURANCE SICKNESS BENEFIT 1950-1952.

Figures supplied by the Ministry of National Insurance Midland Region. These totals cover new claims received by the National Insurance Offices at Sutton Coldfield, Nuneaton, Atherstone, Rugby, Leamington and Stratford-on-Avon.

	Total number of new claims received		
	1950	1951	1952
March Quarter	13,875	20,296	11,393
June Quarter	9,073	8,576	8,226
September Quarter	7,320	7,318	7,458
December Quarter	10,333	9,142	10,424
Total	40,601	45,332	37,501

UPTAKE OF VITAMIN PRODUCTS.

TABLE 44. AVERAGE WEEKLY ISSUE DURING 1951 and 1952.

(Compiled from Ministry of Food (Midland Region) Returns).

Area and District.	*Orange Juice.* % *of potential.* 1952	1951	*Cod Liver Oil.* % *of potential.* 1952	1951	*Vitamin A and D Tablets.* % *of potential.* 1952	1951
1. Sutton Coldfield M.B. ...	37.1	37.2	27.1	29.3	37.7	40.5
2. North Eastern. Nuneaton M.B. Atherstone R.D.	22.5	20.8	25.3	24.4	29.6	30.0
3. Eastern. Rugby M.B. ... Rugby R.D. ...	32.3	30.2	25.9	24.7	36.6	37.0
4. North Western. Meriden R.D.	23.8	22.5	23.2	23.6	20.5	20.9
5. Solihull U.D.	37.6	35.6	29.2	29.2	38.3	32.4
6. Central. Leamington M.B. Warwick M.B.... Kenilworth U.D. Southam R.D. Warwick R.D. ...	30.7	27.6	25.3	23.6	38.1	38.4
7. Southern. Stratford-on-Avon M.B. and R.D. Alcester R.D. ... Shipston-on-Stour R.D.	28.2	26.4	22.6	22.3	38.8	33.0

The Ministry of Food wish to make two points in connection with these figures, one is that the figures for some districts, particularly rural ones, may be higher than actually shown, owing to persons buying the foods outside the district in which they live, and the second is that the figures do not indicate the percentage of eligible persons who take part only of their entitlement. Thus 50% of eligible persons might take half their entitlement giving a percentage of potential uptake of 25.

COUNTY AMBULANCE SERVICE.

TABLE 45. DETAILS OF DEPOTS AND MILEAGE ,1952.

Depot.	*Staff.*		*Establishment of Vehicles.*			Total Mileage 1952.	Total Mileage 1951.
	S/L.	*D/Att*	*Ambs.*	*Sitting Case Cars.*	*Clinic Type Vehicles.*		
Atherstone (A). Supt. : Mr. S. Burnett	3	13	4	2	—	88,050	92,523
Bedworth (B). Supt. : Mr. J. H. Bottrill	1	5	4	1	—	52,520	45,736
Coleshill (A). Supt. : Mr. W. C. Chapman	3	14	5	2	—	128,287	114,251
Nuneaton (A). Supt. : Mr. J. P. Melvin	3	20	6	2	1	137,147	126,217
Rugby (A). Supt. : Mr. A. J. Burton	3	16	7	2	—	115,989	121,533
Solihull (A). Supt. : Mr. M. Ross ...	3	18	6	2	1	116,639	143,383
Stratford-on-Avon (A). Supt. : Mr. E. T. Saul	3	18	5	2	—	115,985	110,160
Sutton Coldfield (A). Supt, : Mr. E. Towers	3	16	4	2	—	80,364	69,024
Two Gates (B). Supt. : Miss B. D. Smith	—	4	1	1	—	43,488	44,810
Warwick (A). Supt. : Mr. G. D. Whiting	3	21	5	2	1	158,420	150,660
Alcester (C)	—	1	1	—	—	18,450	17,004
Reserve Vehicles ...	—	—	8	3*	—	—	—
County Totals...	25	146	56	21*	3	1,085,339	1,035,301

* Including one car awaiting sale.

A—24 Hourly Service. B—Day-time Service only. C—Emergency Service only.

TABLE 46. ANALYSIS OF TYPE OF CASE CARRIED—1952.

COUNTY AMBULANCE SERVICE AND W.V.S. HOSPITAL CAR SERVICE.

Type of Case.	*County Service.*		*W. V.S. Hospital Car Service.*	
	Patients.	*Mileage.*	*Patients.*	*Mileage.*
Emergency.				
Accident	4,462	39,687	—	—
Maternity	2,605	33,388	—	—
Others	6,018	76,324	—	—
Total	13,085	149,399	—	—
Non-emergency.				
Hospital Sick	132,099	842,511	6,242	77,565
Maternity	2,336	19,770	4	130
Infectious Diseases ...	1,651	24,940	—	—
School children	3,117	14,898	940	11,065
Nursery children	20	266	1	41
Other	669	9,353	—	—
Total	139,892	911,738	7,187	88,801
Non-Patient carrying journeys	—	24,202	—	2,346
Total	152,977	1,085,339	7,187	91,147

TABLE 47. AMBULANCE SERVICE. VEHICLE STATE (at time of going to press).

AMBULANCES	5
CLINIC VEHICLES ...	
CARS	2
Total	7

YEAR OF MANUFACTURE.	AMBULANCES.					CLINIC VEHICLES.	CARS.		
	Morris.	Bedford.	Commer.	Austin.	TOTAL.	Bedford.	Austin.	Wolseley.	TOTA
1947 ...	1	—	—	—	1	—	—	—	—
1948 ...	3	—	8	10	21	—	—	1	1
1949 ...	3	—	4	6	13	—	—	2	2
1950 ...	4	5	—	—	9	1	—	—	—
1951 ...	1	6	—	—	7	1	10	—	10
1952 ...	—	1	—	—	1	1	5	—	5
1953 ...	—	—	—	—	—	—	2	—	2
TOTAL ...	12	12	12	16	52	3	17	3	20

MILK AND DAIRIES ADMINISTRATION.

The principal acts and regulations now in force relating to the production, processing and sale of milk, are as follows :—

Food and Drugs (Milk and Dairies) Act, 1944.
Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.
Milk and Dairies Regulations, 1949.
Milk (Special Designation) (Raw Milk) Regulations, 1949.
Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.
Milk (Special Designations) (Specified Areas) Order, 1952.

In addition there are various amendments and other minor regulations and circulars from the Ministries of Agriculture, Food and Health.

Food and Drugs Acts, 1938-1950.

Milk (*Special Designations*) (*Specified Areas*) *Order*, 1952.

The Milk (Special Designations) (Specified Areas) Order, 1952, with reference to Birmingham and district came into operation on the 1st November, 1952. The area embraces six county boroughs and nine urban districts, of which the County Borough of Birmingham, the Borough of Sutton Coldfield and the Urban District of Solihull adjoin the administrative County.

The effect of the Order is that all dairymen who retail milk in any part of the area must sell the milk under special designation, irrespective of whether the premises from which the milk is retailed, are inside or outside the area. The special designations authorised are " Pasteurised," " Sterilised," " Tuberculin Tested," and until the 30th September, 1954, " Accredited " milk from a single farm. Certain dairymen, whose premises are situated in the administrative County and who sell milk within the specified area, must comply with those conditions both in the specified area and in relation to retail sales outside the area, and the same is required of dairymen with premises within the specified area who retail milk outside.

Food and Drugs (*Milk, Dairies and Artificial Cream*) *Act*, 1950.

Section 8. *Tuberculous and Other Infected Milk.*

Milk sampling for biological examination has proceeded during the year in accordance with the scheme agreed with County District Authorities during 1950, and referred to in the annual report for that year.

The volume of milk subject to pasteurisation and the number of Attested herds and licences for Tuberculin Tested milk continue to increase, and our efforts are directed to the sources of supply where the risk still remains.

Tuberculin Tested milks are also submitted to biological examination at yearly intervals.

The officers of the County Borough of Coventry are collaborating and the same system and methods are being used within the County Borough and in the County with mutual advantage. In the Boroughs of Sutton Coldfield and Rugby, and the Urban District of Solihull, the routine sampling has been carried out, by arrangement, by the officers of those authorities. The Department's own officers undertake the sampling in all other districts.

Table I. FOOD AND DRUGS (MILK, DAIRIES & ARTIFICIAL CREAM) ACT, 1950. SECTION 8.

TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES FOR BIOLOGICAL EXAMINATION DURING THE YEAR 1952.

NO. OF SAMPLES.

Area.	*County District in which sample was taken.*	*Past-eurised.*		*Tuberculin Tested. (Past).*		*Tuberculin Tested.*		*Accredited and Non-graded.*	
		Total.	*No. Pos.*	*Total.*	*No. Pos.*	*Total.*	*No. Pos.*	*Total.*	*No. Pos.*
1. Sutton Coldfield.	Sutton Coldfield M.B.*	5	nil.	1	nil.	1	nil.	22	1
2. North Eastern.	Nuneaton M.B.	—	—	—	—	6	nil.	32	nil.
	Bedworth U.D.	6	nil.	—	—	2	nil.	21	1
	Atherstone R.D.	—	—	—	—	6	nil.	65	3
3. Eastern.	Rugby M.B.*	21	nil.	—	—	21	nil.	34	1
	Rugby R.D.	4	nil.	—	—	16	nil.	101	1
4. North Western.	Meriden R.D.	4	nil.	4	nil.	5	nil.	94	7
	Tamworth R.D.	7	nil.	4	nil.	11	nil.	45	11
5. Solihull.	Solihull U.D.*	—	—	—	—	—	—	21	nil.
6. Central.	Leamington Spa M.B.	—	—	—	—	1	nil.	6	1
	Warwick M.B.	2	nil.	—	—	1	nil.	7	nil.
	Kenilworth U.D.	4	nil.	—	—	—	—	—	—
	Southam R.D.	—	—	—	—	12	nil.	89	2
	Warwick R.D.	—	—	—	—	20	nil.	68	1
7. Southern.	Stratford-upon-Avon M.B.	4	nil.	3	nil.	3	nil.	11	nil.
	Alcester R.D.	6	nil.	5	nil.	6	nil.	41	6
	Shipston-on-Stour R.D.	—	—	—	—	15	nil.	52	3
	Stratford-on-Avon R.D.	—	—	4	nil.	21	nil.	71	2
	TOTALS ...	63	nil.	21	nil.	147	nil.	780	40

Total of 1,011 samples.

* Samples taken by Sanitary Inspectors of the Local Authorities for the County Council.

ble II. FOOD AND DRUGS (MILK, DAIRIES & ARTIFICIAL CREAM) ACT, 1950.
SECTION 8.

RESULTS OF INVESTIGATIONS OF TUBERCLE INFECTED MILK SUPPLIES DURING YEAR 1952.

Area.	*County District in which infection occurred.*	*No. of investigations.*		*Cows examined.*		*Milk samples for diagnostic purposes.*		*Cows slaughtered under T.B. Order.*		*Cows removed from herds during investigations, and which may have been infected.*	
		A.	B.	A.	B.	A.	B.	A.	B.	A.	B.
Sutton Cold-Coldfield.	Sutton Coldfield M.B.*	1*	4	—	95	—	16	1	3	—	—
North Eastern.	Nuneaton M.B.	—	—	—	—	—	—	—	—	—	—
	Bedworth U.D.	1	—	16	—	1	—	1	—	—	—
	Atherstone R.D.	2	—	44	—	5	—	2	—	—	—
Eastern.	Rugby M.B.	1†	—	—	—	—	—	2	—	—	—
	Rugby R.D.	1	—	9	—	1	—	1	—	—	—
North Western.	Meriden R.D.	7	9	162	224	38	38	6	8	6	7
	Tamworth R.D.	11	6	279	113	64	39	9	6	17	5
Solihull.	Solihull U.D.	—	—	—	—	—	—	—	—	—	—
Central.	Leamington Spa M.B.	1	—	27	—	4	—	1	—	—	—
	Warwick M.B.	—	—	—	—	—	—	—	—	—	—
	Kenilworth U.D.	—	—	—	—	—	—	—	—	—	—
	Southam R.D.	2	—	38	—	6	—	3	—	—	—
	Warwick R.D.	1	2	23	16	7	5	1	2	—	—
Southern.	Stratford-upon-Avon M.B.	—	—	—	—	—	—	—	—	—	—
	Alcester R.D.	5	1	77	9	29	2	3	—	4	1
	Shipston-on-Stour R.D.	3	—	55	—	7	—	1	—	3	—
	Stratford-on-Avon R.D.	2	3	40	46	12	18	1	4	6	—
	TOTALS ...	38	25	770	503	174	118	32	23	36	13
		63		1273		292		55		49	

A — Cases found on routine sampling in the County.
B — Cases reported by neighbouring County Authorities.

* Farm situated in Staffordshire. Summary only of Div. Vet. Officer's Investigation.
† Farm situated in Northamptonshire. Summary only of Div. Vet. Officer's Investigation.

From Table I it will be observed that a total of 1,011 samples were submitted, of which 40 were infected ; all these were from Accredited and non-graded milks. No samples from Tuberculin Tested or Pasteurised milk were found to be infected.

The 40 (5.1%) infected Accredited and non-graded milk supplies found as the direct result of routine sampling this year compares with 31 (3.5%) in 1951 and 13 (2.3%) in 1950. This is an indication of increased efficiency in sampling methods and should not be taken as denoting an increase in the number of infected herds. The continued advance in the number of Attested herds and the number of licences for Tuberculin Tested milk, together with the ever increasing volume of milk submitted to pasteurisation, decreases the risk from milk infection generally.

The 40 infected milk samples gave rise to 38 herd investigations, and these together with the 25 notified by neighbouring County and County Borough Authorities total 63 investigations in the County.

The collaboration between the Divisional Veterinary Officer's Department and mine continues to be excellent.

Milk (*Special Designation*) (*Pasteurised and Sterilised Milk*) *Regulations*, 1949.

Dealers' (Pasteurisers') licences for the seven dairies granted in 1951 were renewed for 1952, and five new Dealers' (Pasteurisers') and two Dealers' (Sterilisers') licences were granted during the year. One licensed dairy gave up pasteurising, so that at the end of the year there were eleven Dealers' (Pasteurisers') and two Dealers' (Sterilisers') licences in force.

During the year one dairy discarded a holder-processing plant and installed new H.T.S.T. plant, thereby increasing efficiency and raising capacity up to 400 gallons an hour.

During the year a number of enquiries on licensing conditions were received, and it is anticipated that at least two new processing dairies will come into operation in 1953.

Each pasteurising dairy was visited at frequent intervals and the records, temperature charts and methods, observed. Samples were submitted to the prescribed tests with the results stated below :—

SAMPLES FROM LICENSED PASTEURISING AND STERILISING PLANTS.

Code No. of Dairy.	*No. of Pasteurised Samples.*	*No. of Sterilised Samples.*	*No. of Failures.*	*Test failed :—*				*M.B. Void.*
				Pasteurised.			*Sterilised.*	
				Phosph : and M.B.	*Phosph : only.*	*M.B. only.*	*Turbidity.*	
2/10/2	51	—	Nil.	—	—	—	—	5
3/4/1	101	—	Nil.	—	—	—	—	16
4/1/1	26	—	Nil.	—	—	—	—	4
4/1/1	—	25	Nil.	—	—	—	Nil.	—
4/1/2	94	—	5	Nil.	3	2	—	16
4/3/1	85	—	Nil.	—	—	—	—	16
6/11/1	94	—	3	Nil.	3	Nil.	—	19
6/18/1	51	—	4	Nil.	4	Nil.	—	8
7/7/1	50	—	Nil.	—	—	—	—	11
7/7/2	13	—	Nil.	—	—	—	—	—
7/8/1	102	—	Nil.	—	—	—	—	18
7/8/2	30	—	1	Nil.	1	Nil.	—	3
7/8/2	—	42	Nil.	—	—	—	Nil.	—
7/16/1	102	—	Nil.	—	—	—	—	20
TOTALS	799	67	13	—	11	2	—	136

These results again show that no sample of Pasteurised milk failed both phosphatase and methylene blue tests at the same time. The phosphatase test, which is designed to show the efficiency of pasteurisation, failed in only 11 instances out of a total of 799 samples. This equals 1.37% failure as compared with 1.98% in 1951 and 4.0% in 1950, and is again a remarkably good achievement on the part of the dairies as a whole. Eight of the twelve licensed pasteurising dairies had completely clear records. Only 2 methylene blue failures were recorded during the year, both from the same dairy, and thus 11 of the 12 had clear records on the methylene blue test.

A substantial number of methylene blue " voids " are to be observed in the table which are not to be confused with sample failures. Samples of pasteurised milk are each submitted to both phosphatase and methylene blue tests, the latter is a " keeping quality " test based upon ageing periods and with special regard to time and temperature. The tests are commenced between 9 and 10 a.m. on the day after the samples reach the laboratory, and if during the previous day the atmospheric shade temperature (at which the samples must be kept) has exceeded 65 degrees F., the results shall be " void." It is, of course, not possible to estimate accurately beforehand what the temperature will be during the following twenty-four hours, and thus in summer time many void methylene blue results occur. The time and expense of sampling is not wasted, however, since the same samples are submitted to the phosphatase test which is not affected by these rigid temperature conditions, and the efficiency of pasteurisation is checked.

All the samples of Sterilised milk satisfied the turbidity test, which is a test designed to show the efficiency of the process.

Milk in Schools Scheme.

Milk is supplied free of charge for pupils in grant-aided schools, the source and quality of which must be approved by the Medical Officer of Health.

In practice, supplies are obtained and supervised by consultation between the Health and Education Departments, with assistance from the Area Milk Officer of the Ministry of Food. Two grades of milk normally are approved, namely, Pasteurised and Tuberculin Tested. At the end of the year the number of schools where it was impossible to obtain either of these grades of milk had been reduced to one.

Supervision by the Health Department includes visits to dairies and schools, and examination of milk supplies, in addition to knowledge of supplies gained from the Department's other activities in connection with Milk and Dairies.

All supplies of milk to schools are the subject of visits and samples at least once in every school term.

The following is a summary of the number of schools, the suppliers and grade of milk supplied, together with the number of samples taken during the year :—

Designation of milk supplied.	*No. of*			
	Schools.	*Suppliers.*	*Samples.*	*Unsatisfactory samples.*
Pasteurised	275	61	693	60
" Tuberculin Tested "	19	13	59	14
" Accredited " and Non-graded.	1	1	11	3
TOTALS	295	75	763	77

It will be observed that 10.1% of all milk samples were classed as " unsatisfactory," compared with 8.8% in 1951 and 20% in 1950. For convenience and economy, the majority of samples were taken after delivery and, therefore, under slightly more exacting conditions.

Details of the school milk samples classed as " unsatisfactory " are appended below :—

Designation of Sample.	*Total No. of samples.*	*No. failed Phosph. Test.*	*No. failed Meth. Blue ½-hr. Test for past. Milk.*	*No. failed Meth. Blue 4½/5½ hr. Test for T.T. and other Milks.*
1. Pasteurised milk from Warwickshire licensed dairies.	173	2 (1.2%)	13 (7.5%)	—
2. Pasteurised milk from dairies licensed by other authorities.	520	*20 (3.8%)	*29 (5.6%)	—
3. Tuberculin Tested Milk.	59	—	—	14 (23.7%)
4. Accredited and non-graded Milk.	11	—	—	3 (27.3%)

* 4 Samples failed both the Phosphatase and Methylene Blue Tests.

During the year, approval for one supplier to 7 schools was cancelled by reason of repeated milk sample failures ; new arrangements were made with two suppliers for these schools. Approval for the supply of one school was withdrawn by reason of unsatisfactory service, and new arrangements were made. The arrangements at one dairy supplying two schools were found to be so unsatisfactory that approval was immediately cancelled and new arrangements made.

Some further changes were made during the year in the ordinary course of events and some supplies arranged for new schools.

In the case of other isolated milk sample failures the only action necessary was advice and caution.

It is not without some difficulty that the Milk in Schools Scheme is maintained. Whatever the merits or otherwise of price control may be, the fact is that many dairymen will not undertake the school milk supply, and some have given it up because the business is unremunerative ; in the case of some of the smaller and more remote village schools, it actually shows a trading loss. The result is that we are limited in choice of supplier, not always able to secure the " best available source," and sometimes have to accept the only supply that offers.

Miscellaneous.

Samples of milk were taken on behalf of the Ministry of Health from hospital dairy farms (46) ; from supplies made under contract to hospitals on behalf of the Regional Hospital Board (72) ; and for various enquiries necessary in the Department (16) ; a total of 134 during the year.

The risk from glass splinters in milk bottles referred to in some detail in my report for 1951 has been kept under observation, and 24 samples have been examined in the laboratory, with negative results.

MENTAL HEALTH.

1 *Administration.*

(a) *Constitution and Meetings of Mental Health Sub-Committee.*

The Committee responsible for the administration of the functions of the Council relating to the mental health service is the Mental Health Services Sub-Committee of the Health Committee. The Sub-Committee, consisting of 15 members, met on four occasions during the year.

(b) *Staff employed in the Mental Health Service.*

Mr. H. J. KOTCH, the Mental Health Officer, is the Chief Administrative Officer of the Mental Health Services Sub-Committee and has supplied this section of my report. Dr. HENRY BROUGHAM LEECH, B.A., B.Ch., M.D., B.A.O., has continued to act as Medical Adviser to the Committee. The medical staff of this Department has also been available when required in connection with the Mental Health Service.

Eight Duly Authorised Officers are engaged in the County to deal with cases arising under the Lunacy and Mental Treatment Acts, one Officer being located in each of the seven areas of the County, with the remaining Officer located at headquarters. In addition, the assistant to one of these Officers is authorised to take action under the Lunacy and Mental Treatment Acts.

The visitation of mental defectives in the County is undertaken by a female Visitor and by the Duly Authorised Officer at headquarters. Admissions under the Mental Deficiency Acts are dealt with from headquarters.

The Council's Occupation Centres are staffed in each case by a Supervisor and Assistant Supervisor, with part-time assistance for domestic duties and guiding the patients. One of the Supervisors holds the Diploma of the National Association for Mental Health.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

The Council's Officers have continued to assist Hospital Management Committees in the supervision of patients who have been placed on licence within the County. There were thirty-seven mental defectives on licence under supervision in the County at the end of the year. In addition, home conditions reports have been supplied to institutions for mental defectives in connection with applications for licence or holidays and the re-consideration of orders for detention.

(d) *Training of Staff.*

All members of the staff engaged in the care, supervision or training of mental defectives, with one exception, have attended appropriate courses of training. Facilities are offered to the staff to attend refersher courses from time to time.

2 *Work undertaken in the Community.*

(a) *National Health Service Act,* 1946. *Prevention, Care and After-Care.*

The Psychiatric Out-Patient Clinics arranged and staffed by Specialists of the Birmingham Regional Hospital Board have continued to be held at hospitals within the County. The Social Workers on the staff of the Central Hospital, Hatton, have undertaken the after-care of patients discharged from that hospital and the Council's officers have also assisted. In the case of patients discharged from other mental hospitals serving the County, after-care visits have, where necessary, been undertaken by the Council's Duly Authorised Officers.

The Local Health Authority has continued to assist in the maintenance of certain patients placed in After-Care Homes through the Mental After-Care Association after treatment in mental hospitals or out-patient clinics.

(b) *Lunacy and Mental Treatment Acts* 1890-1930—*Work undertaken by Duly Authorised Officers.*

The following is a summary of the cases dealt with by the Duly Authorised Officers in the County during the year :—

Patients dealt with under the Lunacy Acts	226
Patients dealt with under Section I of the Mental Treatment Act, 1930	160
Patients dealt with under Section 5 of the Mental Treatment Act, 1930	19
	405

(c) *Mental Deficiency Acts,* 1913-1938.

(i) *Ascertainment.*

The majority of cases reported to the authority continue to be ascertained through the school medical services. In addition, cases are brought to notice through the Psychiatric Out-Patient Clinics, the Courts, Probation Officers and other social workers.

(a) *Number of defectives.*

The number of cases ascertained as at the 31st December, 1952, excluding patients maintained in, or on licence from, institutions for mental defectives, was as follows :—

	M.	F.	T.
Under guardianship	25	35	60
In " Places of safety "	—	—	—
Under statutory supervision	168	170	338
Under voluntary supervision	102	73	175
Under investigation	11	9	20
In the Central Hospital, Hatton	80	82	162
	386	369	755

(b) *Cases reported during the year.*

There were seventy-four new cases reported to the Committee during the year and these were dealt with as follows :—

	M.	F.	T.
Admitted to institutions	4	7	11
Placed under statutory supervision	16	24	40
Placed under voluntary supervision	1	1	2
Found nor to be defective	—	1	1
Remaining under investigation at end of year	11	9	20
	32	42	74

(c) *Detectives awaiting vacancies in institutions.*

There were sixty-two patients awaiting admission to institutions for defectives at the end of the year. Many of these cases are of an urgent nature.

(ii) *Guardianship.*

The patients under guardianship in the County are regularly visited by the Committee's Officers. The Committee's Medical Adviser (Dr. H. B. Leech) undertakes the medical visitation of these patients in accordance with the Mental Deficiency Regulations.

(iii) *Training.*

The Council's Occupation Centres for the training of defectives at Nuneaton and Warwick, continued successfully during the year. Defectives from surrounding areas were able to take advantage of public transport services to attend the centres. At the end of 1951 there were forty-nine defectives on the registers of these two centres.

An annual coach outing was again organised for the defectives attending the Centres.

The desirability of providing additional training facilities is under consideration.